

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000064494

**Entity Name:** SOMA MEDICAL CENTER PA 8

**Current Principal Place of Business:**

3255 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

3255 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406 US

**FEI Number:** 84-2768781

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FLOREZ-NUNEZ, JACQUELINE  
13628 QUARTER HORSE TRAIL  
WELLINGTON, FL 33414 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name NUNEZ, RAFAEL  
Address 13628 QUARTER HORSE TRAIL  
City-State-Zip: WELLINGTON FL 33414

Title CEO  
Name FLOREZ-NUNEZ, JACQUELINE  
Address 13628 QUARTER HORSE TRAIL  
City-State-Zip: WELLINGTON FL 33414

Title T  
Name LOPERA, JOHN  
Address 3255 FOREST HILL BLVD  
City-State-Zip: WEST PALM BEACH FL 33406

Title S  
Name LOPERA, CINDY  
Address 3255 FOREST HILL BLVD  
City-State-Zip: WEST PALM BEACH FL 33405

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FLOREZ-NUNEZ,JACQUELINE

CEO

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date