

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022693

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** SUNSTATE MEDICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

758 N. SUN DR., SUITE 104  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

758 N. SUN DR., SUITE 104  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 59-3560942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ZIA, FATEMI  
758 N. SUN DR., SUITE 104  
LAKE MARY, FL 32746 US

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

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

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: FATEMI, ZIA  
Address: 208 WIMBLEDON CIR.  
City-St-Zip: HEATHROW, FL 32746

Title: MRS.  
Name: ZADEH, FARIDEH A  
Address: 208 WIMBLEDON CIR.  
City-St-Zip: HEATHROW, FL 32746

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: ZIA FATEMI

VP

02/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date