

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L60121

Entity Name: MORTEZA NADJAFI, M.D., P.A.

Current Principal Place of Business:

736 N. MAGNOLIA AVE
ORLANDO, FL 32803

Current Mailing Address:

736 N. MAGNOLIA AVE
ORLANDO, FL 32803

FEI Number: 59-3003201

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NADJAFI, MORTEZA, M.D.
736 N. MAGNOLIA AVE
ORLANDO, FL 32803 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 NADJAFI, MORTEZA, M.D.
Address 736 N. MAGNOLIA AVE
City-State-Zip: ORLANDO FL 32803

Title ST
Name NADJAFI, HEIDI
Address 736 N. MAGNOLIA AVE
City-State-Zip: ORLANDO FL 32803

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: HEIDI NADJAFI

ST

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date