

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000062389

**Entity Name:** BAHAREH FAZILAT M.D., P.A.

**Current Principal Place of Business:**

1900 SUNSET HARBOUR DR - # 2314  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

P O BOX 190844  
MIAMI BEACH, FL 33139

**FEI Number: 26-0437065**

**Certificate of Status Desired: No**

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

ALLAN KOLTUN CPA PA  
1717 N BAYSHORE DRIVE  
116  
MIAMI, FL 33132 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 PSTD  
Name FAZILAT, BAHAREH  
Address 1900 SUNSET HARBOUR DR - # 2314  
City-State-Zip: MIAMI BEACH FL 33139

*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: BAHAREH FAZILAT** \_\_\_\_\_

P

02/24/2014

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date