

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000023510

**Entity Name:** MIAMI HEADACHE CLINIC, P.A.

**Current Principal Place of Business:**

2344 S. DOUGLAS RD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2344 S. DOUGLAS RD  
CORAL GABLES, FL 33134 US

**FEI Number:** 45-4749069

**Certificate of Status Desired:** Yes

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

SADEGHI, PAYMAN  
2344 S. DOUGLAS RD  
CORAL GABLES, FL 33134 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:** PAYMAN SADEGHI

04/27/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SADEGHI, PAYMAN  
Address 10565 KATY FREEWAY SUITE 305  
City-State-Zip: HOUSTON TX 77024

*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:** PAYMAN SADEGHI

**DIRECTOR**

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date