

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000087539

Entity Name: DR. JALAL TASLIMI MEDICAL CENTER, INC

Current Principal Place of Business:

3940 WEST FLAGLER STREET, SUITE 202
MIAMI, FL 33134

Current Mailing Address:

3940 WEST FLAGLER STREET, SUITE 202
MIAMI, FL 33134 US

FEI Number: 47-2143657

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TASLIMI, JALAL DR.
DR. JALAL TASLIMI
325 S BISCAYNE BLVD. APT 1217
MIAMI, FL 33131 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, T
Name TASLIMI, JALAL DR.
Address 325 S BISCAYNE BLVD.
APT 1217
City-State-Zip: MIAMI FL 33131

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: TASLIMI, JALAL

PRESIDENT

09/06/2015

Electronic Signature of Signing Officer/Director Detail

Date