

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000022693

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-3560942**

**Certificate of Status Desired: Yes**

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

ZIA, FATEMI  
758 N. SUN DR., SUITE 104  
LAKE MARY, FL 32746 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 MR  
Name FATEMI, ZIA  
Address 208 WIMBLEDON CIR.  
City-State-Zip: HEATHROW FL 32746

Title MRS.  
Name ZADEH, FARIDEH A  
Address 208 WIMBLEDON CIR.  
City-State-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**

**CEO**

**01/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date