

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G48401

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** SOHRAB SHAFII, M.D., P.A.

**Current Principal Place of Business:**

4710 N. HABANA AVENUE  
SUITE 304  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4710 N. HABANA AVENUE  
SUITE 304  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 59-2164863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHAFII, SOHRAB MD  
4710 N. HABANA AVENUE  
SUITE 304  
TAMPA, FL 33614 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SHAFII, SOHRAB MD  
Address: 4710 N. HABANA AVE #304  
City-St-Zip: TAMPA, FL 00000, FL 33614 US

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:** SOHRAB SHAFII MD

PRES

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date