

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L60121

FILED  
Feb 27, 2012  
Secretary of State

**Entity Name:** MORTEZA NADJAFI, M.D., P.A.

**Current Principal Place of Business:**

736 N. MAGNOLIA AVE  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

736 N. MAGNOLIA AVE  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 59-3003201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NADJAFI, MORTEZA, M.D.  
736 N. MAGNOLIA AVE  
ORLANDO, FL 32803 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NADJAFI, MORTEZA, M.D.  
Address: 736 N. MAGNOLIA AVE  
City-St-Zip: ORLANDO, FL 32803

Title: ST  
Name: NADJAFI, HEIDI  
Address: 736 N. MAGNOLIA AVE  
City-St-Zip: ORLANDO, FL 32803

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: HEIDI MABOUDI NADJAFI

SECT

02/27/2012

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

\_\_\_\_\_ Date