

## **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000091233

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Entity Name:** HOUMAN DEHDASHTI, DMD, P.A.

**Current Principal Place of Business:**

2300 TAMIAMI TR  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

2300 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

2300 TAMIAMI TR  
PORT CHARLOTTE, FL 33952

**FEI Number:** 20-5240557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DASHTI, ALI DEH  
11185 WATERFORD AVENUE  
ENGLEWOOD, FL 34224 US

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

DEHDASHTI, ALI  
2300 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952 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: ALI DEHDASHTI

04/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: DEHDASHTI, HOUMAN DMD  
Address: 2300 TAMIAMI TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: HOUMAN DEHDASHTI

PRES

04/09/2011

Electronic Signature of Signing Officer or Director

Date