

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P92000000085

FILED
Jun 15, 2009
Secretary of State**Entity Name:** EFTEKHARI, M.D., P.A.**Current Principal Place of Business:**8600 SW 92 ST.
STE 201
MIAMI, FL 33156 US**New Principal Place of Business:**6301 SW 112 ST
MIAMI, FL 33156 US**Current Mailing Address:**6301 SW 112 ST
MIAMI, FL 33156 US**New Mailing Address:****FEI Number:** 65-0369278 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**EFTEKHARI, NASSER M
6301 SW 112 ST.
MIAMI, FL 33156 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:** DP () Delete
Name: EFTEKHARI, NASSER M
Address: 8600 SW 92ND ST STE 201
City-St-Zip: MIAMI, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: EFTEKHARI, NASSER M
Address: 6301 SW 112 ST
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NASSER EFTEKHARI

P

06/15/2009

Electronic Signature of Signing Officer or Director

Date