

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000001652

Entity Name: F. DEAN FAGHIH, M.D., P.A.

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3401 W WATERS AVE  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

3401 W WATERS AVE  
TAMPA, FL 33614 US

**New Mailing Address:**

FEI Number: 59-3217651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATEL, SANDIP I ESQ.  
6800 N. DALE MABRY, STE 268  
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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: FAGHIH, F. DEAN  
Address: 3401 W WATERS AVE  
City-St-Zip: TAMPA, FL 33614

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: F.DEAN FAGHIH

PD

04/06/2011

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

\_\_\_\_\_  
Date