

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90055 046 \*\*\*150.00

**DOCUMENT # P98000080754**

1. Entity Name  
**FAITH A. SARFARAZI, M.D., P.A.**

Principal Place of Business Mailing Address  
**2300 SE 17 ST., STE. 402** **2300 SE 17 ST., STE. 402**  
**OCALA FL 34471** **OCALA FL 34471**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State  
**2118 SW 20<sup>th</sup> Place** **Suite 201** **Ocala FL**  
 3. Mailing Address Suite, Apt. #, etc. City & State  
**2118 SW 20<sup>th</sup> Place** **Suite 201** **Ocala FL**  
 Zip Country Zip Country  
**34474** **Marion** **34474** **Marion**

4. FEI Number **65-0859374** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SARFARAZI, FAITH A**  
**2300 SE 17 ST., STE. 402**  
**OCALA FL 34471**  
 7. Name and Address of New Registered Agent  
 Name **Faith A Sarfarazi**  
 Street Address (P.O. Box Number is Not Acceptable) **2118 SW 20<sup>th</sup> Place**  
**Suite 201**  
 City **Ocala** State **FL** Zip Code **34474**

8. 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 *[Signature]* **Faith A Sarfarazi, President** DATE **4/26/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SARFARAZI, FAITH A</b> <b>2300 SE 17 ST., STE. 402</b> <b>OCALA FL 34471</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Sarfarazi, Faith A</b> <b>2118 SW 20<sup>th</sup> Place, #201</b> <b>Ocala, FL 34474</b>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Faith A Sarfarazi** DATE **4/26/01** Daytime Phone # **352 622 5050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)