

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

0104804 AV

DOCUMENT # **P98000080754**

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

08-11-2002 90174 036 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2118 SW 20TH PLACE STE 201 OCALA FL 34474		Mailing Address 2118 SW 20TH PLACE STE 201 OCALA FL 34474	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0859374	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SARFARAZI, FAITH A 2118 SW 20TH PLACE STE 201 OCALA FL 34474		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARFARAZI, FAITH A 2118 SW 20TH PLACE 201 OCALA FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *FAITH A. SARFARAZI* 8/8/02 3526225050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

FAITH ANN SARFARAZI, M.D.

Certified, American Board of Ophthalmology
Fellow, American Academy of Ophthalmology

(352)-622-5050 • Fax (352) 622-3993

Cala Hills
2118 S.W. 20th Place, Suite #201
Ocala, FL 34474

Friendship Commons
9860-D S.W. 84th Court
Ocala, FL 34481

6276818
0980000080754

8/8/02

Division of Corporations
Uniform Business Report Filings
Box 1500
Tallahassee, FL 32302

Dear Sirs:

I did not receive prior notice of the filing fee of \$150.00 for my S-corporation. I am enclosing the original fee of \$150.00 as instructed in the notice I received recently. I am requesting that you waive the late fee of \$400.00. Thank you very much for your help.

Sincerely,
Faith Ann Sarfarazi