

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000080754

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2118 SW 20TH PLACE  
STE 201  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

2118 SW 20TH PLACE  
STE 201  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 65-0859374      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SARFARAZI, FAITH A MD  
2118 SW 20TH PLACE  
STE 201  
OCALA, FL 34471 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: MD  
Name: SARFARAZI, FAITH A  
Address: 2118 SW 20TH PLACE, SUITE # 201  
City-St-Zip: Ocala, FL 34471

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: FAITH A SARFARAZI MD

SELF

04/24/2012

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

\_\_\_\_\_ Date