

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000080754

FILED
Oct 29, 2014
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:

15405 U.S. HIGHWAY 441
STE 100
SUMMERFIELD, FL 34491

Current Mailing Address:

2118 SW 20TH PLACE
STE 201
OCALA, FL 34471

New Mailing Address:

P.O. BOX 771783
OCALA, FL 34477

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:

SARFARAZI, ARIANA J
14 CLEE COURT
PALM COAST, FL 32137 US

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: ARIANA SARFARAZI

10/29/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MS.
Name: SARFARAZI, FAITH A MD
Address: 3235 SW 41ST AVE
City-St-Zip: Ocala, FL 34474

Title: MS.
Name: SARFARAZI, ARIANA J
Address: 14 CLEE COURT
City-St-Zip: PALM COAST, FL 32137

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: ARIANA SARFARAZI

MS.

10/29/2014

Electronic Signature of Signing Officer or Director

Date