

# **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