

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001720

**Entity Name:** ERSHAD CENTER INC.

**Current Principal Place of Business:**

6669 SW 59 PLACE  
MIAMI, FL 33143

**Current Mailing Address:**

6669 SW 59 PLACE  
MIAMI, FL 33143

**FEI Number:** 20-4276660

**Certificate of Status Desired:** No

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

MAHTABFAR, ARDESHIR  
6669 SW 59 PLACE  
MIAMI, FL 33143 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name TALEBPOOR, MEHDI  
Address 6669 SW 59 PLACE  
City-State-Zip: MIAMI FL 33143

Title T  
Name MAHTABFAR, ARDESHIR  
Address 6669 SW 59 PLACE  
City-State-Zip: MIAMI FL 33143

Title SECRETARY  
Name EBRAHIMI, HALEH DR.  
Address 6669 SW 59 PLACE  
City-State-Zip: MIAMI FL 33143

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DR HALEH EBRAHIMI

SECRETARY

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date