

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19184

**Entity Name:** AHMAD TOUFANIAN, M.D., P.A.

**Current Principal Place of Business:**

1500 N. DIXIE HWY  
202  
W PALM BCH, FL 33401

**Current Mailing Address:**

1500 N. DIXIE HWY  
202  
W PALM BCH, FL 33401

**FEI Number:** 59-2067131

**Certificate of Status Desired:** No

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

TOUFANIAN, AHMAD MD  
1500 NO DIXIE HWY STE 202  
WEST PALM BEACH, FL 33401 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 P  
Name TOUFANIAN, AHMAD  
Address 1500 N DIXIE HWY STE 202  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** AHMAD TOUFANIAN

**PRESIDENT**

**01/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date