

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J38902

**Entity Name:** NASIR ALARAKHIA, M.D., P.A.

**Current Principal Place of Business:**

7328 STONEROCK CIRCLE  
ORLANDO, FL 32819

**Current Mailing Address:**

7328 STONEROCK CIRCLE  
ORLANDO, FL 32819 US

**FEI Number:** 59-2748491

**Certificate of Status Desired:** No

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

ALARAKHIA, NASIR  
5201 TIMBERVIEW TERRACE  
ORLANDO, FL 32819 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 PST  
Name ALARAKHIA, NASIR  
Address 5201 TIMBERVIEW TERRACE  
City-State-Zip: ORLANDO FL 32819

*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:** NASIR ALARAKHIA

**PRESIDENT**

**03/12/2015**

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

\_\_\_\_\_  
Date