

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000006149

**Entity Name:** PEYMON ZARREII, M.D., P.A.

**Current Principal Place of Business:**

5258 LINTON BLVD  
SUITE 102  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5258 LINTON BLVD  
STE 102  
DELRAY BEACH, FL 33848-6529 US

**FEI Number:** 20-4170925

**Certificate of Status Desired:** No

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

ZARREII, PEYMON M.D.  
5258 LINTON BLVD  
SUITE 102  
DELRAY BEACH, FL 33484-6529 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 ZARREII, PEYMON MD  
Address 5258 LINTON BLVD  
SUITE 102  
City-State-Zip: DELRAY BEACH FL 33484

*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:** PEYMON ZARREII

**MANAGING MEMBER**

**08/02/2021**

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

\_\_\_\_\_ Date