

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000063459

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC4289436004**

**Entity Name:** ROYA GHADIMI M.D., P.A.

**Current Principal Place of Business:**

4933 NORTH TAMIAMI TRAIL  
SUITE 200  
NAPLES, FL 34103-3028

**Current Mailing Address:**

4933 NORTH TAMIAMI TRAIL  
SUITE 200  
NAPLES, FL 34103-3028 US

**FEI Number:** 45-3049382

**Certificate of Status Desired:** No

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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 PVST  
Name GHADIMI M.D., ROYA  
Address 4933 NORTH TAMIAMI TRAIL  
SUITE 200  
City-State-Zip: NAPLES FL 34103-3028

Title D  
Name GHADIMI M.D., ROYA  
Address 4933 NORTH TAMIAMI TRAIL  
SUITE 200  
City-State-Zip: NAPLES FL 34103-3028

*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:** GHADIMI M.D., ROYA

**M.D.**

**01/17/2018**

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

\_\_\_\_\_  
Date