

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000038309

**FILED  
Sep 20, 2018  
Secretary of State  
CC3979391026**

**Entity Name:** SAMIRA KHAZRAVAN MD PA

**Current Principal Place of Business:**

10068 VINEYARD LAKE RD EAST  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10068 VINEYARD LAKE RD EAST  
JACKSONVILLE, FL 32256 US

**FEI Number:** 26-2492965

**Certificate of Status Desired:** No

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

KHAZRAVAN, SAMIRA  
10068 VINEYARD LAKE RD EAST  
JACKSONVILLE, FL 32256 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 KHAZRAVAN, SAMIRA  
Address 10068 VINEYARD LAKE RD EAST  
City-State-Zip: JACKSONVILLE FL 32256

Title SEC  
Name KHAZRAVAN, SAMIRA  
Address 10068 VINEYARD LAKE RD EAST  
City-State-Zip: JACKSONVILLE FL 32256

Title CFO  
Name KHAZRAVAN, SAMIRA  
Address 10068 VINEYARD LAKE RD EAST  
City-State-Zip: JACKSONVILLE FL 32256

*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:** SAMIRA KHAZRAVAN

**PRESIDENT**

**09/20/2018**

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

\_\_\_\_\_  
Date