

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000038309

**FILED**  
**Apr 16, 2023**  
**Secretary of State**  
**7161202867CC**

**Entity Name:** SAMIRA KHAZRAVAN MD PA

**Current Principal Place of Business:**

6817 SOUTHPOINT PARKWAY SUITE 1604  
JACKSONVILLE  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4411 SUNBEAM RD  
#56452  
JACKSONVILLE, FL 32241 US

**FEI Number:** 26-2492965

**Certificate of Status Desired:** Yes

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

KHAZRAVAN, SAMIRA M.D  
4411 SUNBEAM RD  
#56452  
JACKSONVILLE, FL 32241 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:** KHAZRAVAN, SAMIRA

04/16/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name KHAZRAVAN, SAMIRA M.D  
Address 4411 SUNBEAM RD  
#56452  
City-State-Zip: JACKSONVILLE FL 32241

Title SEC  
Name KHAZRAVAN, SAMIRA M.D  
Address 4411 SUNBEAM RD  
#56452  
City-State-Zip: JACKSONVILLE FL 32241

Title CFO  
Name KHAZRAVAN, SAMIRA M.D  
Address 4411 SUNBEAM RD  
#56452  
City-State-Zip: JACKSONVILLE FL 32241

*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

MD PA

04/16/2023

Electronic Signature of Signing Officer/Director Detail

Date