

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000080165

**Entity Name:** FARID MASTALI DMD, PA

**Current Principal Place of Business:**

512 E ALTAMONTE DR  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

4734 GRASSENDALE TER  
SANFORD, FL 32771 US

**FEI Number:** 87-1384729

**Certificate of Status Desired:** No

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

MASTALI, FARID  
512 E ALTAMONTE DR  
ALTAMONTE SPRINGS, FL 32701 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 MASTALI, FARID  
Address 512 E ALTAMONTE DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** FARID MASTALI

CEO

03/27/2022

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

\_\_\_\_\_ Date