

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000065420

**Entity Name:** AZARI & ZAHEDI DENTISTRY INC

**Current Principal Place of Business:**

14453 BEACH BLVD  
#100  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

4512 GLEN KERNAN PARKWAY E  
JACKSONVILLE, FL 32224 US

**FEI Number:** 99-2661700

**Certificate of Status Desired:** No

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

ZAHEDI, MARZIEH  
14453 BEACH BLVD STE 100  
#100  
JACKSONVILLE BEACH, FL 32250 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            ZAHEDI, MARZIEH  
Address        14453 BEACH BLVD STE 100  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            VP  
Name            AZARISAMANI, MOHAMMADREZA  
Address        14453 BEACH BLVD STE 100  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** MARZIEH ZAHEDI

P

04/24/2024

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

\_\_\_\_\_  
Date