

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000000723

**Entity Name:** MOHAMMAD M. MASRI, M.D., P.A.

**Current Principal Place of Business:**

6140 SW 70 ST  
MIAMI, FL 33143

**Current Mailing Address:**

6705 SW 75 AVENUE  
MIAMI, FL 33143 US

**FEI Number:** 65-0378641

**Certificate of Status Desired:** No

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

MASRI, MOHAMMAD M  
6705 S W 75 AVENUE  
MIAMI, FL 33143 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            D  
Name            MASRI, MOHAMMAD MMD  
Address         6705 SW 75TH AVE.  
City-State-Zip: MIAMI FL 33143

*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:** MOHAMMAD MASRI

PHYSICIAN

02/09/2014

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

\_\_\_\_\_ Date