

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000080754

Entity Name: FAITH A. SARFARAZI, M.D., P.A.

Current Principal Place of Business:

2118 SW 20TH PLACE
STE 201
OCALA, FL 34471

Current Mailing Address:

2118 SW 20TH PLACE
STE 201
OCALA, FL 34471

FEI Number: 65-0859374

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SARFARAZI, FAITH AMD
2118 SW 20TH PLACE
STE 201
OCALA, FL 34471 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 MD
Name SARFARAZI, FAITH A
Address 2118 SW 20TH PLACE, SUITE # 201
City-State-Zip: Ocala FL 34471

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: FAITH A SARFARAZI MD

OWNER/MD

01/30/2013

Electronic Signature of Signing Officer/Director Detail

Date