

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115312

FILED  
Mar 03, 2008  
Secretary of State

Entity Name: CENTRAL FLORIDA INTERNISTS, INC.

## Current Principal Place of Business:

2918 17TH STREET  
ST. CLOUD, FL 34769

## New Principal Place of Business:

## Current Mailing Address:

2918 17TH STREET  
ST. CLOUD, FL 34769

## New Mailing Address:

FEI Number: 59-3757174      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KHAN, DONNA M  
2918 17TH STREET  
ST. CLOUD, FL 34769      US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR.      ( ) Delete  
Name: KHAN, MUHAMMAD A M.D.  
Address: 2918 17TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

Title: S      ( ) Delete  
Name: KHAN, DONNA M  
Address: 2918 17TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

Title: AS      ( ) Delete  
Name: NASEERUDDIN, SYED  
Address: 2918 17TH ST.  
City-St-Zip: ST. CLOUD, FL 34769

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD      (X) Change ( ) Addition  
Name: KHAN, MUHAMMAD A M.D.  
Address: 2918 17TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

Title: STD      (X) Change ( ) Addition  
Name: KHAN, DONNA M  
Address: 2918 17TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

Title: ASD      (X) Change ( ) Addition  
Name: NASEERUDDIN, SYED  
Address: 2918 17TH ST.  
City-St-Zip: ST. CLOUD, FL 34769

Title: ASD      ( ) Change (X) Addition  
Name: HIZKIL, MUHAMMAD  
Address: 2918 17TH ST.  
City-St-Zip: ST. CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONNA KHAN

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

STD

03/03/2008

\_\_\_\_\_ Date