

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115312

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** CENTRAL FLORIDA INTERNISTS, INC.

**Current Principal Place of Business:**

3505 PROGRESS LANE  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

3505 PROGRESS LANE  
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, MUHAMMAD A  
3505 PROGRESS LANE  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KHAN, MUHAMMAD A M.D.  
Address: 3505 PROGRESS LANE  
City-St-Zip: ST. CLOUD, FL 34769

Title: ASD  
Name: SHAH, SANJAY B  
Address: 3505 PROGRESS LANE  
City-St-Zip: ST. CLOUD, FL 34769

Title: ASD  
Name: NASEERUDDIN, SYED  
Address: 3505 PROGRESS LANE  
City-St-Zip: ST. CLOUD, FL 34769

Title: ASD  
Name: HIZKIL, MUHAMMAD  
Address: 3505 PROGRESS LANE  
City-St-Zip: ST. CLOUD, FL 34769

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: MUHAMMAD AMIR KHAN

PD

04/21/2011

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

\_\_\_\_\_  
Date