

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115312

FILED
Mar 02, 2012
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: PSTD
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 A. KHAN, M.D.

PSTD

03/02/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date