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FILED

03 JUL 28 PM 4: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000075710			
1. Entity Name MILAN KHAKHRIA D.M.D., M.S., P.A.			
Principal Place of Business 104 NW 100 AVE PLANTATION, FL 33324		Mailing Address 104 NW 100 AVE PLANTATION, FL 33324	
2. Principal Place of Business		3. Mailing Address	
Bldg, Apt, #, etc.		Bldg, Apt, #, etc.	
City & State		City & State	
Zip	Country	Zip Country	
4. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139		5. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
6. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and also I apply below. (NOTE: Registered Agent's signature required when submitting.)			
7. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee			
10. OFFICERS AND DIRECTORS			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	☐ Change ☐ Addition	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		7/20/03	
SIGNATURE AND TYPE OF PRINT LETTERS OF ADDRESS OFFICE OR QUALIFICATION		Date	

100022341921
08/15/03--01012--011 **150.00

☐ CHECK HERE IF MAKING CHANGES **03**

CREC004 (10/03)

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Milan Khakhria D.M.D., M.S., PA

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: Milan Khakhria

Name: Milan Khakhria

Title: President

Date: 7/20/03