

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118123

Entity Name: CFI MEDICAL SERVICES, INC.

FILED  
Mar 25, 2005  
Secretary of State

**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: 01-0750278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEAD, ROBERT W JR.  
800 NORTH MAGNOLIA AVENUE  
SUITE 1201  
ORLANDO, FL 32803 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: P ( ) Delete  
Name: KHAN, MUHAMMAD A MD  
Address: 2918 17TH STREET  
City-St-Zip: SAINT CLOUD, FL 34769

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

T

03/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date