

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Jun 30, 1999 8:00 am Secretary of State

06-30-1999 90011 007 \*\*\*150.00

DOCUMENT #

P92000014405

1. Corporation Name

HUSMAN KHAN, M.D., P.A.

Principal Place of Business

16 SE 18th STREET FORT LAUDERDALE, FL 33316

Mailing Address

C/O BLAKESBERG & CO., CPA'S 951 SW 4TH AVENUE BOCA RATON, FL 33432-5803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/92

4. FEI Number

65-0382658

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

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City & State

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Zip

Country

29

Zip

Country

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Zip

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Suite, Apt. #, etc.

City & State

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9. Name and Address of Current Registered Agent

FILINGS, INC. 3732 NW 16TH STREET FORT LAUDERDALE, FL 33311

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: Title, Name, Street Address, City-ST-ZIP. Includes Husman Khan, M.D., P.A. with address 11550 NW 20th Street, Plantation, FL 33323.

Table with 4 columns: Title, Name, Street Address, City-ST-ZIP. Includes checkboxes for Change and Addition.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Husman Khan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/99

Date

(954) 746-5803

Daytime Phone #

CR2E034 (1/98)

**HUSMAN KHAN, M.D., M.P.H., F.A.C.P.**

**INTERNAL MEDICINE**

FELLOW AMERICAN COLLEGE OF PHYSICIANS  
DIPLOMATE, AMERICAN BOARD OF  
INTERNAL MEDICINE & GERIATRICS  
CLINICAL ASSISTANT PROFESSOR OF MEDICINE  
UNIVERSITY OF MIAMI SCHOOL OF MEDICINE

P92-000014405  
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June 25, 1999

Florida Department of State  
Annual Report Filings  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Husman Khan Annual Report

To Whom It May Concern:

Enclosed you will find our 1999 Profit Corporation Annual Report.  
We did not receive our original report in the mail this year.  
Per your office we have prepared a typed copy from your blank form.  
We have also enclosed a check for \$150.00.

Sincerely,



Husman Khan, M.D.