

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000030124

**Entity Name:** DR. NILOFER A. KHATRI P.A.

**Current Principal Place of Business:**

333 MIAMI AVE. WEST  
VENICE, FL 34285

**Current Mailing Address:**

333 MIAMI AVE. WEST  
VENICE, FL 34285

**FEI Number:** 22-3977446

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

*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

**Officer/Director Detail :**

Title	DPS	Title	D
Name	KHATRI, NILOFER	Name	KHAN, ADNAN
Address	333 MIAMI AVE. WEST	Address	333 MIAMI AVE. WEST
City-State-Zip:	VENICE FL 34285	City-State-Zip:	VENICE FL 34285

*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:** ADNAN KHAN

**DIRECTOR**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date