

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000015518

**Entity Name:** FLORIDA PHYSICIAN EXTENDERS, INC.

**Current Principal Place of Business:**

10136 HATTON CIRCLE  
ORLANDO, FL 32832

**Current Mailing Address:**

10136 HATTON CIRCLE  
ORLANDO, FL 32832 US

**FEI Number: 81-1507019**

**Certificate of Status Desired:** No

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

GLOBAL TAX CHOICE, INC.  
269 N UNIVERSITY DRIVE SUITE B  
PEMBROKE PINES, FL 33024 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 P/D  
Name KHAN, MOHAMMED  
Address 10136 HATTON CIRCLE  
City-State-Zip: ORLANDO FL 32832

*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: MOHAMMED KHAN**

**PRESIDENT**

**04/24/2017**

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

\_\_\_\_\_  
Date