

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 655288

FILED  
Apr 15, 2007  
Secretary of State

Entity Name: MOHAN S. KHURANA, M.D., P.A.

**Current Principal Place of Business:**

130 SOUTH INDIANA AVE  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

130 SOUTH INDIANA AVE  
ENGLEWOOD, FL 34223

**New Mailing Address:**

FEI Number: 59-1976046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KHURANA, MOHAN S. M.D.  
1081 BAYSHORE DR.  
ENGLEWOOD, FL 34223 US

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

KHURANA, MOHAN S. M.D.  
130 SOUTH INDIANA AVE  
ENGLEWOOD, FL 34223 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

04/15/2007

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KHURANA, MOHAN S., M., .D.  
Address: 130 SOUTH INDIANA AVE  
City-St-Zip: ENGLEWOOD, FL 34223

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

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 Chapter 119, 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: MOHAN S KHURANA

Electronic Signature of Signing Officer or Director

M D

04/15/2007

Date