

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G48202

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** CHANDER SHAYKHER, M.D., P.A.

**Current Principal Place of Business:**

9999 NE SECOND AVENUE, #100  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

9999 NE SECOND AVENUE, #100  
MIAMI SHORES, FL 33138

**New Mailing Address:**

**FEI Number:** 59-2327696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAYKHER, CHANDER  
9999 NE SECOND AVENUE, #100  
MIAMI SHORES, FL 33138 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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: SHAYKHER, CHANDER  
Address: 9999 NE 2ND AVENUE, #100  
City-St-Zip: MIAMI SHORES, FL 33138

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: CHANDER SHAYKHER, M.D

MD

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date