


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000102718**  
 1. Entity Name  
 HOWARD S. KHANI, D.O., P.A.



Principal Place of Business  
 2140 NE 26TH STREET  
 FORT LAUDERDALE, FL 33305

Mailing Address  
 2140 NE 26TH STREET  
 FORT LAUDERDALE, FL 33305

**DO NOT WRITE IN THIS SPACE**



01212006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 65-1054326  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

AUERBACH, JAY E ESQ.  
 2338 HOLLYWOOD BLVD.  
 HOLLYWOOD, FL 33020

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHANI, HOWARD S D.O. 2140 NE 26TH STREET FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KHANI, JONI 2140 NE 26 STREET FORT LAUDERDALE, FL 33305
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100000457043  
 03/16/06-80054-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Joni Khani JONI KHANI 3/3/06 954.396.3274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #