

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000095394

Entity Name: HUMAIRA KHAN, M.D., P.A.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4850 W OAKLAND PARK BLVD.  
SUITE # 132  
FT LAUDERDALE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100488  
FT. LAUDERDALE,, FL 33310

**New Mailing Address:**

FEI Number: 65-1141826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KHAN, HUMAIRA MD  
4850 W OAKLAND PARK BLVD  
SUITE #132  
FT LAUDERDALE, FL 33313 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: MD  
Name: KHAN, HUMAIRA  
Address: 4850 W. OAKLAND PARK BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33313

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: HUMAIRA KHAN

PRES

04/30/2012

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

\_\_\_\_\_  
Date