

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000077409

FILED
Apr 12, 2006
Secretary of State

Entity Name: YUSRA MEDICAL ASSOCIATES P.A.

Current Principal Place of Business:

423 W VINE ST
P.O. BOX 731415
ORMOND BEACH, FL 32173

New Principal Place of Business:

Current Mailing Address:

423 W VINE ST
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 22-3858269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHAN, MOHAMMAD A
P.O. BOX 731415
ORMOND BEACH, FL 32173 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KHAN, MOHAMMAD A
Address: 423 W. VINE ST
City-St-Zip: KISSIMMEE, FL 34741

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: MOHAMMAD A. KHAN

PD

04/12/2006

Electronic Signature of Signing Officer or Director

Date