

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90276 004 \*\*\*158.75

<b>DOCUMENT # P02000119218</b> 1. Entity Name <b>AGHA K. KHAN, MD, P.A.</b>																																			
Principal Place of Business <b>29 DOCTORS DRIVE PANAMA CITY, FL 32405</b>		Mailing Address <b>29 DOCTORS DRIVE PANAMA CITY, FL 32405</b>																																	
2. Principal Place of Business - No P.O. Box # <b>4221 S. Western Ave</b>		3. Mailing Address <b>4221 S. Western Ave.</b>																																	
Suite, Apt. #, etc. <b>#4000</b>		Suite, Apt. #, etc. <b>#4000</b>																																	
City & State <b>Oklahoma City, OK</b>		City & State <b>Oklahoma City, OK</b>																																	
Zip <b>73109</b>		Zip <b>73109</b>																																	
Country 		Country 																																	
4. FEI Number <b>11-3663876</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent  <b>KHAN, AGHA K MD 29 DOCTORS DRIVE PANAMA CITY, FL 32405</b>		7. Name and Address of New Registered Agent Name <b>Diane C. Hare, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8589 Jenks Ave.</b> City <b>Panama City</b> <b>FL</b> Zip Code <b>32405</b>																																	
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 <u><i>Diane C. Hare CPA</i></u> <b>04-19-07</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>D KHAN, AGHA K MD 29 DOCTORS DRIVE PANAMA CITY, FL 32405</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KHAN, AGHA K MD 29 DOCTORS DRIVE PANAMA CITY, FL 32405</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>4221 S. Western Ave. #4000 Oklahoma City, OK 73109</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4221 S. Western Ave. #4000 Oklahoma City, OK 73109</b>														
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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: <u><i>AGHA K. KHAN</i></u> <b>AGHA K. KHAN, MD</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			

Date **4/20/07** Daytime Phone #  
 Tel: (405) 631-0588  
 OR (405) 618-7520