## 2007 FOR PROFIT CORPORATION

**FILED** Mar 16, 2007 08:00 A

	AMMOAL	KEFOKI		_	0	
DOCUMENT 1. Entity Name U. KHIN MD P.A.	# P050000524	76			Secretary of Sta	
Principal Place of Busine 7209 GREEN SLOPE DI ZEPHYHILLS, FL 3354	IVE	Mailing Address 7209 GREEN SLOPE DRIVE ZEPHYHILLS, FL 33541	· · · · · · · · · · · · · · · · · · ·			
DO NOT WRITE IN THIS SPA			CE	03092007 No Chg-P CR2E034 (11/05)  4. FEI Number		
6. Name and Address of Current Registered Agent  KHIN, U. MD 820 GROVESMERE LOOP  OCOCEE, FL 34761			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  Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees	U00000668554 03/27/07-80035-022 150.00	
CITY-ST-ZIP OCOEE,  TITLE  NAME  STREEL ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREEL ADDRESS  CITY-ST-ZIP	2.0 (A)				NOT WRITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS				IN '	THIS SPACE	

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR