

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000068343

1. Entity Name
MASOOD H. KHAN, M.D., P.A.



Principal Place of Business
**6725 CEDAR RIDGE DR STE 1
ZEPHYRHILLS, FL 33542**

Mailing Address
**P.O. BOX 915
DADE CITY, FL 33526-0915**



04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2892648

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KHAN, MASOOD H
37241 MEDICAL DRIVE
DADE CITY, FL 33525**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000920142
05/14/08-80032-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KHAN, MASOOD H
STREET ADDRESS	6725 CEDAR RIDGE DR
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

MASOOD H. KHAN
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

04/17/08
Date

(813) 780-9616
Daytime Phone #