2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# P05000068343

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

Current Principal Place of Business:

6725 CEDAR RIDGE DR STE 1
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

20114 NATURES HIKE WAY
TAMPA, FL 33647

Current Mailing Address:

P.O. BOX 915
DADE CITY, FL 335260915

New Mailing Address:

FEI Number: 20-2892648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KHAN, MASOOD H
20114 NATURES HIKE WAY
TAMPA, FL 33647 US

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: 03/05/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KHAN, MASOOD H
Address: 6725 CEDAR RIDGE DR
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KHAN, MASOOD H
Address: 20114 NATURES HIKE WAY
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify 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: MASOOD H KHAN PRES 03/05/2009
Electronic Signature of Signing Officer or Director — Date