# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2011**
**Secretary of State**

DOCUMENT# P05000141655

**Entity Name:** SHAHZAD KHAN, M.D., P.A.

**Current Principal Place of Business:**

3370 BURNS ROAD
SUITE 103
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

3385 BURNS ROAD
SUITE 208
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

817 TRIANA STREET
WEST PALM, FL 33413

**New Mailing Address:**

**FEI Number: 20-3618082** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KHAN, MARYAM
817 TRIANA STREET
WEST PALM BEACH, FL 33413 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

**OFFICERS AND DIRECTORS:**

Title: PRES
Name: KHAN, SHAHZAD Y
Address: 817 TRIANA STREET
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: SECT
Name: KHAN, SHAHZAD Y
Address: 817 TRIANA STREET
City-St-Zip: WEST PALM BEACH, FL 33413 US

I hereby 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 all other like empowered.

SIGNATURE: SHAHZAD PRES 04/19/2011

Electronic Signature of Signing Officer or Director — Date