

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000156292

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** MILAN L. KHAKHRIA, D.M.D., P.A.

**Current Principal Place of Business:**

18503 PINES BLVD  
209  
PEMBROKE PINES, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

104 N.W. 100TH AVENUE  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 20-4495878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TERI KAYE  
490 SAWGRASS CORPORATE PKWY  
SUITE 200  
SUNRISE, FL 33325 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: PSTD  
Name: KHAKHRIA, MILAN L  
Address: 104 N.W. 100TH AVENUE  
City-St-Zip: PLANTATION, FL 33324

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: MILAN KHAKHRIA

DR

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date