

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000051708

Entity Name: ATEEQUE KHAN, MD, P.A.

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4646 DEEP RIVER PLACE  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

3659 EASTBURY DR  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

4646 DEEP RIVER PLACE  
JACKSONVILLE, FL 32224

**New Mailing Address:**

3659 EASTBURY DR  
JACKSONVILLE, FL 32224

FEI Number: 22-3963861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOEL C. CHAMBERLAIN, C.P.A., P.A.  
2950 HALCYON LANE  
SUITE 606  
JACKSONVILLE, FL 32223 US

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

ATEEQUE KHAN  
3659 EASTBURY DR  
JACKSONVILLE, FL 32224 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: ATEEQUE KHAN

01/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: KHAN, ATEEQUE R  
Address: 3659 EASTBURY DR  
City-St-Zip: JACKSONVILLE, FL 32224

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: ATEEQUE KHAN

DPST

01/13/2011

Electronic Signature of Signing Officer or Director

Date