

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000034746

**FILED**  
**Jul 10, 2012**  
**Secretary of State**

**Entity Name:** CHAMBER OF MEDICINE P.A.

**Current Principal Place of Business:**

2231 N BLVD WEST  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

2231 N BLVD WEST  
DAVENPORT, FL 33837

**New Mailing Address:**

**FEI Number:** 26-2332748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IRFAN, SIDDIQUI  
2231 N BLVD WEST  
DAVENPORT, FL 33837 US

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

KHAN, KASHAN  
2231 N BLVD WEST  
DAVENPORT, FL 33837 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: KASHAN KHAN

07/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KHAN, KASHAN  
Address: 8848 VIA BELLA NOTTE  
City-St-Zip: ORLANDO, FL 32836

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: KASHAN KHAN

P

07/10/2012

Electronic Signature of Signing Officer or Director

Date