

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000043359

Entity Name: OBT MEDICAL CLINIC, INC

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9480 SOUTH O.B.T  
ORLANDO, FL 32837

**New Principal Place of Business:**

9480 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**Current Mailing Address:**

9480 SOUTH O.B.T  
ORLANDO, FL 32837

**New Mailing Address:**

9480 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

FEI Number: 27-0192975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHOWDHURY, MOHAMMAD  
9532 BAYCLIFF CT  
ORLANDO, FL 32836 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: P  
Name: CHOWDHURY, MOHAMMAD  
Address: 9532 BAYCLIFF CT  
City-St-Zip: ORLANDO, FL 32836

Title: VP  
Name: CHOWDHURY, PARVIN MD  
Address: 9532 BAYCLIFF CT  
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: MOHAMMAD CHOWDHURY

PRES

01/07/2011

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

\_\_\_\_\_  
Date