## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P94000000413

1. Entity Name ABDUL H. KHAN, D.D.S., P.A.



Principal Place of Business

11707 LAKEWOOD DR HUDSON, FL 34669

Mailing Address

11707 LAKEWOOD DR HUDSON, FL 34669

## **FILED** Apr 22, 2004 08:00 AM Secretary of State

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03312004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For

59-3221507

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KHAN, ABDUL H 11707 LAKEWOOD DR HUDSON, FL 34669

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8. The above the obligat	named entity submits this statement for the plants of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution,	gnix	\$5.00 May Be Added to Fees	U00000123918 04/22/04-80024-017 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHAN, ABDUL H 11707 LAKEWOOD DR HUDSON, FL 34669				
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am afficer 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR