

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000092102

**FILED**  
**Oct 06, 2011**  
**Secretary of State**

**Entity Name:** FARHAT J. KHAWAJA MEDICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

7754 BAY ST. CENTER,  
SUITE 7  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

7754 BAY ST. CENTER,  
SUITE 7  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 65-0799632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KHAWAJA, FARHAT J MD  
7754 BAY ST. CENTER,  
SUITE 7  
SEBASTIAN, FL 32958 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:** FARHAT J KHAWAJA MD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPT  
**Name:** KHAWAJA, FARHAT J MD  
**Address:** 7754 BAY ST. CENTER, STE. 7  
**City-St-Zip:** SEBASTIAN, FL 32958

**Title:** DS  
**Name:** SIDDIQUI, MOHAMMAD A MD  
**Address:** 937 BAREFOOT BLVD., STE. A  
**City-St-Zip:** BAREFOOT BAY, FL 32976

**Title:** DV  
**Name:** IDREES, MOHAMMAD MD  
**Address:** 1454 SW BELLAIRE LN.  
**City-St-Zip:** PALM BAY, FL 32905

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:** FARHAT J KHAWAJA MD

DPT

10/06/2011

Electronic Signature of Signing Officer or Director

Date