

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Dr A.R. KHAN MD PA
1. Entity Name
P99000052805

FILED

00 OCT -4 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
HEART PLACE
SPRING HILL, FL 34609

2. Principal Place of Business **3. Mailing Address**
1226 MARINER BLVD
Suite, Apt. #, etc.
SPRING HILL, FL
City & State
SR 34609 USA
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3493788 **Applied For**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name ABDUL RAHIM KHAN
Street Address (P.O. Box Number is Not Acceptable) 1226 MARINER BLVD
Spring Hill
City FL Zip Code 34609

8. 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 A.R. KHAN, M.D. 5/26/00
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☒ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>HEART PLACE</u> <u>(D) A.R. KHAN, M.D.</u> <u>1226 Mariner Blvd</u> <u>Spring Hill, FL 34667</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300003429883-3</u> <u>-10/19/00--01037--015</u> <u>****155.00 ****155.00</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: A.R. KHAN, M.D. 5/26/00 (352)666-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #