

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V66826

FILED
Jun 24, 2009
Secretary of State

Entity Name: KHALIL M. BURSHAN, M.D., P.A.

Current Principal Place of Business:

515 E LAS OLAS BLVD 15TH FLOOR
FT LAUDERDALE, FL 33301

New Principal Place of Business:

4301 N. FEDERAL HIGHWAY
5
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

4301 N FEDERAL HIGHWAY
5
POMPANO BEACH, FL 33064

New Mailing Address:

4301 N. FEDERAL HIGHWAY
5
LIGHTHOUSE POINT, FL 33064

FEI Number: 65-0357691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURSHAN, KHALIL M MD
2001 NE 48TH CT
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

BURSHAN, KHALIL M MD
324 FERN PALM ROAD
BOCA RATON, FL 33432-751 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:

06/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: BURSHAN, KHALIL M.
Address: 2001 NE 48TH CT
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: BURSHAN, KHALIL M.
Address: 324 FERN PALM ROAD
City-St-Zip: BOCA RATON, FL 33432 75

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KHALIL M. BURSHAN

MD

06/24/2009

Electronic Signature of Signing Officer or Director

Date