

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90230 024 \*\*\*\*70.00



**DOCUMENT # N04000007094**  
 1. Entity Name  
**TREASURE COAST INDO-AMERICAN PHYSICIANS SOCIETY, INC.**

Principal Place of Business      Mailing Address  
 2215 NEBRASKA AVE STE 1F2      2215 NEBRASKA AVE STE 1F2  
 FORT PIERCE FL 34950      FORT PIERCE FL 34950



2. Principal Place of Business      3. Mailing Address  
**1701 S.E HILLMOOR DR**      **1701 S.E HILLMOOR DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**C-12**      **C-12**

1st MOORE      CR2E037 (10/04)

City & State      City & State  
**PORT ST. LUCIE, FL.**      **PORT ST. LUCIE, FL.**  
 Zip      Country      Zip      Country  
**34952**      **USA**      **34952**      **USA**

4. FEI Number      Applied For  
**55-0878878**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**WALIA, SANJIV M.D.**  
**2215 NEBRASKA AVE STE 1F2**  
**FORT PIERCE FL 34950**

7. Name and Address of New Registered Agent  
 Name      **BHALLA, RAJNEESH MD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1701 S.E HILLMOOR DR. C-12**  
 City      **PORT ST. LUCIE**      FL      Zip Code  
**34952**

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: **RAJNEESH BHALLA**      4-21-05  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WALIA, SANJIV MD 2215 NEBRASKA AVE STE 1F2 FORT PIERCE FL 34950 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NAYER, SUDHIR MD 8501 US 1 PORT ST LUCIE FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BHALLA, RAJNEESH MD 1701 SE HILLMOOR DRIVE SUITE C-12 PORT ST LUCIE FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NAYYAR, RAMESH K 2215 NEBRASKA AVE STE 1F2 FORT PIERCE FL 34950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AGGARWAL, DARSHAN 2215 NEBRASKA AVE STE 1F2 FORT PIERCE FL 34950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAKHNI, MALVINDER 2215 NEBRASKA AVE STE 1F2 FORT PIERCE FL 34950 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DPT</b> NAYER, SUDHIR MD 8501 US-I PORT ST. LUCIE, FL. 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DV</b> RAO, KAMALAKAR MD 1900 NEBRASKA AV. SUITE-9 FORT PIERCE, FL. 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ST</b> BHALLA, RAJNEESH MD 1701 S.E HILLMOOR DR, #C-12 PORT ST. LUCIE, FL. 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T</b> NAYYAR, RAMESH MD 2580 RHODE ISLAND AV. FORT PIERCE, FL. 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T</b> AGGARWAL, DARSHAN MD 2215 NEBRASKA AV. STE-2B FORT PIERCE, FL. 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T</b> MAKHNI, MALVINDER MD 1700 HILLMOOR DR, STE-307 PORT ST. LUCIE, FL. 34952

12. 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 617, 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: **RAJNEESH BHALLA**      4-21-05      772-398-8844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #