

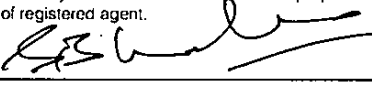
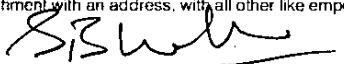


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90026 033 ****70.00

DOCUMENT # N04000007094					
1. Entity Name TREASURE COAST INDO-AMERICAN PHYSICIANS SOCIETY, INC.					
Principal Place of Business 2215 NEBRASKA AVE STE 1F2 FORT PIERCE, FL 34950		Mailing Address 2215 NEBRASKA AVE STE 1F2 FORT PIERCE, FL 34950			
2. Principal Place of Business 1701 SE HILLMOOR DR.		3. Mailing Address 1701 SE HILLMOOR DR.			
Suite, Apt. #, etc. # C-12		Suite, Apt. #, etc. # C-12		01212006 Chg-NP CR2E037 (11/05)	
City & State PORT ST. LUCIE, FL.		City & State PORT ST. LUCIE, FL		4. FEI Number 55-0878878	
Zip 34952		Country ST. LUCIE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34952		Country ST. LUCIE		Applied For <input type="checkbox"/> Not Applicable	
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 SE HILLMOOR DR # C-12 City: PORT SAINT 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 K. BHALLA 1-21-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust-Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT NAYER, SUDMIR MD 2501 US -1 PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KATTA, JOSEPH J MD 1900 NEBRASKA AV. STE #5 FORT PIERCE, FL. 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RAO, KAMALAKAR MD 1900 NEBRASKA AVE FORT PIERCE, FL 34950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUMAR, RAMESH MD 2215 NEBRASKA AV. #2F FORT PIERCE, FL. 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. BHALLA, RAJNEESH MD 1701 SE HILLMOOR DR #C-12 FORT PIERCE, FL 34950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALIA SANJIV MD 2215 NEBRASKA AV. # 1F2 FORT PIERCE, FL. 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NAYYAR, RAMESH K 2580 RHODE ISLAND AVE FORT PIERCE, FL 34950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAKHNI, MALVINDER 1700 HILLMOOR DR STE 307 PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 K. BHALLA 1-21-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

772-398-8844