

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 14, 2008  
Secretary of State

DOCUMENT# N04000007094

Entity Name: TREASURE COAST INDO-AMERICAN PHYSICIANS SOCIETY, INC.

**Current Principal Place of Business:**

1701 SE HILLMOOR DR  
C-12  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

1052 E. OCEAN BLVD  
STUART, FL 34996

**Current Mailing Address:**

1701 SE HILLMOOR DR  
C-12  
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

1052 E. OCEAN BLVD  
STUART, FL 34996

FEI Number: 55-0878878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAREKH, KISKOR  
578 SW SANCTUARY DR  
PORT SAINT LUCIE, FL 34986 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: MAGRAJ, THANUI MD  
Address: 1052 E OCEAN BLVD  
City-St-Zip: STUART, FL 34996

Title: DV ( ) Delete  
Name: PRASHANT, PATEL MD  
Address: 1453 SW JASMINE TRAIL  
City-St-Zip: PALM CITY, FL 34990

Title: ST ( ) Delete  
Name: PAREKH, KISHUR MD  
Address: 578 SW SANCTUARY DR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T ( ) Delete  
Name: NAYYAR, RAMESH K  
Address: 2580 RHODE ISLAND AVE  
City-St-Zip: FORT PIERCE, FL 34950

Title: T ( ) Delete  
Name: AGGARWAL, DARSHAN  
Address: 2215 NEBRASKA AVE STE 1F2  
City-St-Zip: FORT PIERCE, FL 34950

Title: T (X) Delete  
Name: MAKHNI, MALVINDER  
Address: 1700 HILLMOOR DR STE 307  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: THANVI, MAGHRAJ MD  
Address: 1052 E OCEAN BLVD  
City-St-Zip: STUART, FL 34996

Title: DS (X) Change ( ) Addition  
Name: PATEL, PRASHANT MD  
Address: 1453 SW JASMINE TRAIL  
City-St-Zip: PALM CITY, FL 34990

Title: T (X) Change ( ) Addition  
Name: PAREKH, KISHORE MD  
Address: 578 SW SANCTUARY DR  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: DV (X) Change ( ) Addition  
Name: MAKHNI, PARVEEN MD  
Address: 3343 S. INDIAN RIVER DR  
City-St-Zip: FORT PIERCE, FL 34982

Title: D (X) Change ( ) Addition  
Name: AGGARWAL, DARSHAN MD  
Address: 781 HIDDEN RIVER DR  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KISHORE PAREKH

T

03/14/2008

Electronic Signature of Signing Officer or Director

Date