

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007094

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

1052 E. OCEAN BLVD
STUART, FL 34996

New Principal Place of Business:

1700 HILLMOOR DR
307
PORT ST LUCIE, FL 34952

Current Mailing Address:

1052 E. OCEAN BLVD
STUART, FL 34996

New Mailing Address:

1700 HILLMOOR DR
307
PORT ST LUCIE, FL 34952

FEI Number: 55-0878878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

MAKHNI, PARVEEN
1700 HILLMOOR DR
307
PORT SAINT LUCIE, FL 34952 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: PARVEEN MAKHNI

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MAKHNI, PARVEEN MD
Address: 1700 HILLMOOR DR
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DV (X) Change () Addition
Name: SHAREEF, HUMAYUN MD
Address: 1700 HILLMOOR DR
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DT (X) Change () Addition
Name: DHAR, BINNO MD
Address: 1700 HILLMOOR DR
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DS (X) Change () Addition
Name: MEHAN, RAVI MD
Address: 1700 HILLMOOR DR
City-St-Zip: PORT ST LUCIE, FL 34952

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: BINNO DHAR, MD

T

05/01/2009

Electronic Signature of Signing Officer or Director

Date