

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007094

FILED
May 06, 2011
Secretary of State

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

Current Principal Place of Business:

1700 HILLMOOR DR
307
PORT ST LUCIE, FL 34952

New Principal Place of Business:

320 NW BETHANY DR
PORT ST LUCIE, FL 34986

Current Mailing Address:

1700 HILLMOOR DR
307
PORT ST LUCIE, FL 34952

New Mailing Address:

320 NW BETHANY DR
PORT ST LUCIE, FL 34986

FEI Number: 55-0878878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SHAREEF, HUMAYAN
320 NW BETHANY DR
PORT SAINT LUCIE, FL 34986 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: HUMAYAN SHAREEF

05/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: SHAREEF, HUMAYAN MD
Address: 320 NW BETHANY DR
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DV
Name: MEHAN, RAVI MD
Address: 320 NW BETHANY DR
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DS
Name: DHAR, BINNO MD
Address: 1700 HILLMOOR DR
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DT
Name: KUMAR, RAMESH MD
Address: 320 NW BETHANY DR
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: BINO DHAR

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05/06/2011

Electronic Signature of Signing Officer or Director

Date