

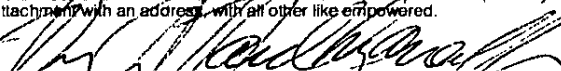


FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000000748		Apr 25, 2008 08:00 Secretary of State	
1. Entity Name INDIA-UNITED STATES TRANSPLANT FOUNDATION, INC.			
Principal Place of Business 3500 MYSTIC PT DR #2403 AVENTURA, FL 33180		Mailing Address 3500 MYSTIC PT DR #2403 AVENTURA, FL 33180	
DO NOT WRITE IN THIS SPACE			
		04232008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 20-2300152	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAIDHYANATHAN, VIRGINIA A 3500 MYSTIC PT DR #2403 AVENTURA, FL 33180		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAIDHYANATHAN, VISHNAMPET S 3500 MYSTIC PT DR #2403 AVENTURA, FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAIDHYANATHAN, VEDANA 3500 MYSTIC PT DR #2403 AVENTURA, FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAIDHYANATHAN, MEHALA 3500 MYSTIC PT DR #2403 AVENTURA, FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAIDHYANATHAN, VIRGINIA A 3500 MYSTIC PT DR #2403 AVENTURA, FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		Date: Apr. 23 2008 3:05:32-1291	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		Daytime Phone #	