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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000004423 (7)

1. Corporation Name  
ALUMNI ASSOCIATION OF SREE NARAYANA COLLEGES IN KOLLAM, INC.

Principal Place of Business: 8 OCEAN DRIVE, PUNTA GORDA FL 33950  
Mailing Address: 8 OCEAN DRIVE, PUNTA GORDA FL 33950-5004



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1996		3a. Date of Last Report	
21	26	4. FEI Number		<input checked="" type="checkbox"/> Applied For		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23	28	Zip		Country			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
EMERICH, GUY S ESO 115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950				81	Name			NARAYAN, DEV MD	
				82	Street Address (P.O. Box Number is Not Acceptable)			8 OCEAN DRIVE,	
				83	City			PUNTA GORDA,	
				84	City			PUNTA GORDA	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Dev Narayan* Dev Narayan, MD (Director) April 4, 1997  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARAYAN, DEV MD	1.2 NAME	
STREET ADDRESS	8 OCEAN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHASKAR, GIRISH MD	2.2 NAME	
STREET ADDRESS	ROUTE 13 BOX 416	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARAYAN, GEETHA	3.2 NAME	
STREET ADDRESS	8 OCEAN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

*Dev Narayan* DEV NARAYAN, MD April 4, 1997

CP2E037 (9/96)