FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 11 1997 8:00am Secretary of State

DOCUMENT # \$43265 (5) VAIDYA INC. Principal Place of Business Mailing Address								
1618 NW 1ST AVENUE 1618 NW 1ST AVENUE								
GAINESVILLE FI US	L 32601		GAINESVILL FL 32603-18 US	14				
						3. Date Incorporated or Qualified 04/05/1991	3a, Date of Last 05/01/1996	
2. Principal Pia	ace of Business		2a. Mailing Address			4. FEI Number		applied For
21			26			59-3110529		lot Applicable
Suite, Apt #	r, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Regulred
22] City & State			City & State			6. Election Campaign Financing		May Be
23			28			Trust Fund Contribution		to Fees
Zφ	Count	· .	Zip .	Countr	'y	8. This corporation has liability for		s. 199.032,
24	25 9. Name and Addr		29	30]		Florida Statutes L 10. Name and Address of New Re	Yes No	
DATE	EL, NAILESHKUMAI		graterou rigorit	8	Name	10. Hallo allo Abbada of Hor Ho	giotalea Agoix	
2220 NW 55TH BLVD. DEERWOOD #37				8:	Street Add	fress (P.O. Box Number is Not Acceptable)		
				L.				
GAIN	HESVILLE FL 32606	3		8:	3			
				B	84 City FL 85 Zip Code			Code
11. Pursuant to	o the provisions of Se	ctions 607.0502 an	d 607.1508. Florida Statu	tes, the abo	ve-named cor	poration submits this statement for the t	ourpose of changing	its registered
SIGNATURE	is familiar with, and ac					poration submits this statement for the partion's board of directors. I hereby acception when reinstating)	DATE	3 registered
12.		OFFICERS AND DI		13.		ADDITIONS/CHANGES TO OFFIC		
THEF	P	VI BAAD T	☐ DELETE	1.1 TITLE	1		Change	Addition
NAME STREET ADDRESS	PATEL, NAILESHI 2220 NW 55TH B			1.2 NAME	ET ADDRESS			
CHY-ST ZIP	GAINESVILLE FL	KTD., T 3/		1.4 CiTY	1			
BILE			DELETE	2.1 TITLE			☐ Change	Addition
HAM				2.2 NAME	•			
STREET ADDRESS				2 3 STREI	et address			
CHY-SI-ZIP			Dr. STC	2. 4 CITY			Charac	Autolitian
IPU I			☐ DELETE	3.1 TITLE	ł		Change	Addition
NAME SI-RE: LADDRESS				3.2 NAME	E1 ADDRESS			
CI:V-\$1-719				3.3 3 Mg				
TIFLE		17.	☐ DELETE	9 75			☐ Change	Addition
NAME				4. ? NAM	ŧ l			
STREET ADORESS				4.3 STREE	et address			!
CHY-S1-ZIP			LINGER	4.4 CITY			C) Observe	a date -
THE			☐ DELETE	51 TITLE 52 NAME	- 1		Change	Addition
NAME CIOCCI ADDAGGS]	ET ADDRESS			
CITY-ST ZIP				5.4 City				
1011 St. 200			DELETE	6.1 TITLE			Change	Addition
HAME				6.2 NAME	:		•	1
STREET ADDRESS				63 STRE	et address			ı
CHY+SI+ZIP				64 CITY			• · · · · · · · · · · · · · · · · · · ·	
 14. Loo herebij information 	y certify that the inforr i indicated on this and	mation supplied wit nual report or supp	th this filing does not qual lemental annual report is l	ity for the ex true and acc	emption state ourate and that	d in Section 119.07(3)(i), Florida Statute It my signature shall have the same lega and as required by Chapter 607, Florida S	is. I further certify that all effect as if made u	at the nder oath; that I

4 am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address.