

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007094

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

**FILED**  
**May 02, 2021**  
**Secretary of State**  
**7547005949CC**

**Current Principal Place of Business:**

8036 PLANTATION LAKES DRIVE  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

8036 PLANTATION LAKES DRIVE  
PORT ST LUCIE, FL 34986 US

**FEI Number: 55-0878878**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PRAMOD, JOSEPH S  
8036 PLANTATION LAKES DRIVE  
PORT ST 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: PRAMOD JOSEPH

05/02/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	IMMEDIATE PRESIDENT, OFFICER
Name	JOSEPH, PRAMOD MD	Name	SHAH, CHINTAN MD
Address	8036 PLANTATION LAKES DRIVE	Address	8036 PLANTATION LAKES DRIVE
City-State-Zip:	PORT ST LUCIE FL 34986	City-State-Zip:	PORT ST LUCIE FL 34986
Title	VP	Title	SECRE, SECRETARY
Name	NALIYAH, JOHN MD	Name	BHATT, HEM MD
Address	8036 PLANTATION LAKES DRIVE	Address	8036 PLANTATION LAKES DRIVE
City-State-Zip:	PORT ST LUCIE FL 34986	City-State-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: CHINTAN SHAH

MD

05/02/2021

Electronic Signature of Signing Officer/Director Detail

Date