

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007094

**FILED**  
**Feb 05, 2014**  
**Secretary of State**  
**CC4286207717**

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

**Current Principal Place of Business:**

4500 W MIDWAY RD  
FORT PIERCE, FL 34981

**Current Mailing Address:**

4500 W MIDWAY RD  
FORT PIERCE, FL 34981 US

**FEI Number: 55-0878878**

**Certificate of Status Desired: No**

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

CHAUBE, LALIT S  
4500 W MIDWAY RD  
FORT PIERCE, FL 34981 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:** LALIT CHAUBE

02/05/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DV  
Name HUSSAIN, MUSHTAQ MD  
Address 4500 W MIDWAY RD  
City-State-Zip: FORT PIERCE FL 34981

Title DS  
Name PATEL, TANMAY MD  
Address 4500 W MIDWAY RD  
City-State-Zip: FORT PIERCE FL 34981

Title PRESIDENT, DIRECTOR  
Name CHAUBE, LALIT MD  
Address 4500 W MIDWAY RD  
City-State-Zip: FORT PIERCE FL 34981

Title TREASURER, DIRECTOR  
Name GOYAL, AJAY MD  
Address 4500 W MIDWAY RD  
City-State-Zip: FORT PIERCE FL 34981

*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:** LALIT CHAUBE. MD

**PRESIDENT**

02/05/2014

Electronic Signature of Signing Officer/Director Detail

Date