## 2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N0400007094

Entity Name: TREASURE COAST INDO-AMERICAN PHYSICIANS SOCIETY,

INC.

**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 10/11/2020

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title Title **PRESIDENT** 

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 TREASURER, DIRECTOR Title **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 PORT ST LUCIE FL 34986 City-State-Zip:

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: CHINTAN SHAH

**PRESIDENT** 

10/11/2020

**FILED** Oct 11, 2020

**Secretary of State** 

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