

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000010724

**Entity Name:** FLORIDA ICAI, INC.

**Current Principal Place of Business:**

1776 N PINE ISLAND RD  
309  
PLANTATION, FL 33322

**Current Mailing Address:**

1776 N PINE ISLAND RD  
309  
PLANTATION, FL 33322 US

**FEI Number:** 93-3270648

**Certificate of Status Desired:** No

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

SANJAY GUPTA AND ASSOCIATES LLC  
1776 N PINE ISLAND RD  
309  
PLANTATION, FL 33322 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GUPTA, SANJAY  
Address 1776 N PINE ISLAND RD, STE 309  
City-State-Zip: PLANTATION FL 33322

Title VP  
Name GARG, KRISHAN  
Address 8890 WEST OAKLAND PARK BLVD,  
SUITE 202  
City-State-Zip: SUNRISE FL 33351

Title T  
Name DALVI, VAIDEHI  
Address 845 VERNONA LAKE DRIVE  
City-State-Zip: WESTON FL 33326

Title S  
Name RAO, GUNJAN  
Address 450 S. ORANGE AVE, SUITE 550  
City-State-Zip: ORLANDO FL 32801

Title D  
Name AGARWAL, ALOK K  
Address 18841 SW 41 STREET  
City-State-Zip: MIRAMAR FL 33029

Title D  
Name BHANSALI, ISHITA  
Address 329 N STATE ROAD 7, APT 6208  
City-State-Zip: PLANTATION FL 33317

*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:** SANJAY GUPTA

**PRESIDENT**

**04/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date