## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000005653

Entity Name: BAPS MEDICAL SERVICES, INC.

FILED Jan 31, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

11321 WEBB CHAPEL RD. 195 MAIN STREET DALLAS, TX 75229

SUITE 301

METUCHEN, NJ 08840

**Current Mailing Address:** New Mailing Address:

11321 WEBB CHAPEL RD. 195 MAIN STREET

DALLAS, TX 75229 SUITE 301

METUCHEN, NJ 08840

FEI Number: 11-3432112 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TAILOR, PRAKASH PATEL, SHAILESH

1325 WEST OAKRIDGE RD. 541 SOUTH EAST 18TH AVENUE ORLANDO, FL 32809 BOYNTON BEACH, FL 33435

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: SHAILESH PATEL 01/31/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete PATEL, N.A. MD PATEL, MAHENDRA MD Name: Name:

11321 WEBB CHAPEL RD. Address: 197 SPRAIN ROAD Address: City-St-Zip: DALLAS, TX 75229 City-St-Zip: SCARSDALE, NY 10583

Title: VC () Delete Title: VD (X) Change ( ) Addition

BHATT, HARSHAD MD Name: DAVE, MAHESH MD Name: Address: 51 HOMEWOOD PLACE Address: 1007 CARMEL PLACE City-St-Zip: MANHASSET, NY 11030 City-St-Zip: COLLEGE STATION, TX 77845

Title: () Delete Title: STD (X) Change ( ) Addition

CHAVDA, JAY MD PATEL, HARSHAD MD Name: Name: 42 DUPONT CIRCLE Address: Address: 5001 SECLUDED DR

City-St-Zip: SUGARLAND, TX 77479 City-St-Zip: MARIETTA, GA 30068

Title: ( ) Delete Title: (X) Change ( ) Addition Name: TAYLOR, PRAKASH Name: PATEL, SUBHASH MD

Address: 1325 WEST OAKRIDGE RD Address: 6424 ST. JAMES CT City-St-Zip: ORLANDO, FL 32809 City-St-Zip: BURR RIDGE, IL 60527

Title: () Delete Title: ( ) Change (X) Addition

PATEL, KASHYAP MD Name: Name: 956 CASTLEMAINE DR Address: Address: City-St-Zip: City-St-Zip: BIRMINGHAM, AL 35226

Title: () Delete Title: ( ) Change (X) Addition

PATEL, KANU I Name: Name:

Address: Address: 195 MAIN STREET, SUITE 301 METUCHEN, NJ 08840 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KANU PATEL CEO 01/31/2005