

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005653

FILED  
Feb 11, 2006  
Secretary of State

Entity Name: BAPS MEDICAL SERVICES, INC.

## Current Principal Place of Business:

195 MAIN STREET  
SUITE 301  
METUCHEN, NJ 08840

## New Principal Place of Business:

81 SUTTONS LANE  
PISCATAWAY, NJ 08854

## Current Mailing Address:

195 MAIN STREET  
SUITE 301  
METUCHEN, NJ 08840

## New Mailing Address:

81 SUTTONS LANE  
PISCATAWAY, NJ 08854

FEI Number: 11-3432112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATEL, SHAILESH  
541 SOUTH EAST 18TH AVENUE  
BOYNTON BEACH, FL 33435 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PATEL, MAHENDRA MD  
Address: 197 SPRAIN ROAD  
City-St-Zip: SCARSDALE, NY 10583

Title: VD ( ) Delete  
Name: DAVE, MAHESH MD  
Address: 1007 CARMEL PLACE  
City-St-Zip: COLLEGE STATION, TX 77845

Title: STD ( ) Delete  
Name: PATEL, HARSHAD MD  
Address: 5001 SECLUDED DR  
City-St-Zip: MARIETTA, GA 30068

Title: D ( ) Delete  
Name: PATEL, SUBHASH MD  
Address: 6424 ST. JAMES CT  
City-St-Zip: BURR RIDGE, IL 60527

Title: D ( ) Delete  
Name: PATEL, KASHYAP MD  
Address: 956 CASTLEMAINE DR  
City-St-Zip: BIRMINGHAM, AL 35226

Title: CEO (X) Delete  
Name: PATEL, KANU I  
Address: 195 MAIN STREET, SUITE 301  
City-St-Zip: METUCHEN, NJ 08840

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MAHENDRA PATEL

PD

02/11/2006

Electronic Signature of Signing Officer or Director

Date