

# F23000004090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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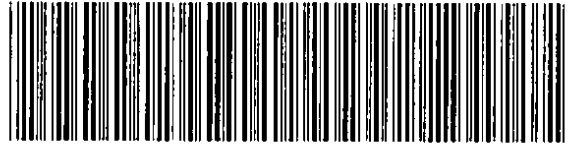
(Business Entity Name)

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2023 JUN 17 PM 3:01

S. ROBERTS

JUL 14 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RAJASTHAN MEDICAL ALUMNI ASSOCIATION, INC.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

BHARAT GUPTA

Name of Person

RAJASTHAN MEDICAL ALUMNI ASSOCIATION, INC.

Firm/Company

30 COMPASS IS

Address

FORT LAUDERDALE, FL 33308

City/State and Zip Code

BGUPTAMD@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BHARAT GUPTA, M.D.

954

993-5757

at ( )

Name of Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☒ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. RAJASTHAN MEDICAL ALUMNI ASSOCIATION, INC.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEW YORK 3. 11-2936954  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/21/1987 5. PERPETUAL  
(Date of Incorporation) (Date of duration, if other than perpetual)
6. NOT APPLICABLE  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 30 COMPASS IS, FORT LAUDERDALE, FL 33308  
(Principal office street address)
- (Current mailing address, if different)
8. SEE ATTACHED SCHEDULE  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
- Name: BHARAT GUPTA, M.D.
- Office Address: 30 COMPASS IS  
FORT LAUDERDALE, Florida 33308  
(City) (Zip Code)
10. **Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*
- Bharat Gupta  
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: BHARAT GUPTA, M.D.  
☐ Vice Chairman Address: 30 COMPASS IS  
☐ Director FORT LAUDERDALE, FL 33308  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: ANAND KANJOLIA, M.D.  
☐ Vice Chairman Address: 299 CAREW ST  
☐ Director SUITE 326  
☐ President SPRINGFIELD, MA 01104  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: HARISH CHANDNA, M.D.  
☐ Vice Chairman Address: 307 WOODLAND AVE  
☐ Director VICTORIA, TX 77904  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: HEMRAJ PORWAL, M.D.  
☐ Vice Chairman Address: 30 COMPASS IS  
☐ Director FORT LAUDERDALE, FL 33308  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Bharat Gupta  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. BHARAT GUPTA, PRESIDENT  
(Typed or printed name and capacity of person signing application)



## RAJASTHAN MEDICAL ALUMNI ASSOCIATION INC

Tel : 954-993-5757 | Email : [info@rajmaai.com](mailto:info@rajmaai.com) | [www.rajmaai.com](http://www.rajmaai.com)

Bharat Gupta MD  
President

Harish Chandna MD  
Secretary

Uday Chadha MD  
Immed. Past President

Anand Kanjolia MD  
Vice President

Hemraj Porwal MD  
Treasurer

### Board of Trustees

Dr. Pravin Singhal  
Dr. Shashi Shah  
Dr. Vinod Sancheti  
Dr. Rajendra Modi  
Dr. Ajeet Singhvi  
Dr. Rajendra Bansal  
Dr. Sanjeev Gupta  
Dr. Samin Sharma  
Dr. Harish Madnani  
Dr. Uday Chadha  
Dr. Yashpal Arya  
Dr. Daulat Haldea  
Dr. Rohit Dandiya

### Members at Large

Dr. Sangeeta Simlote  
Dr. Deepti Singh  
Dr. Shobha Gupta  
Dr. Shiv Kothari  
Dr. Satish Mahana  
Dr. Ram Singh  
Dr. Braham Taparia  
Dr. Brahma Sharma  
Dr. Dinesh Sharma  
Dr. Mahendra Jain  
Dr. Neeru Anand  
Dr. Shubha Jain  
Dr. Narendra Lodha  
Dr. Ravi Goyal  
Dr. Shashi Berdia  
Dr. Krishan Agarwal

### CME Committee

Dr. Vijay Arya  
Dr. Brahma Sharma  
Dr. Lucky Jain  
Dr. Jaivir Rathore  
Dr. Mohit Gupta

### Cultural Committee

Dr. Shashi Berdia  
Dr. Manju Sachdev  
Dr. Vijay Jain  
Dr. Priti Mathur  
Dr. Achala Gupta

### Convention Comm.

### Patron

Dr. Rajendra Bansal

### Chair

Dr. Harish Madnani

### Co-Chair

Dr. Braham Taparia  
Dr. Gopal Gadodia  
Dr. Gopal Chalavarya

### Generation-2

Dr. Siddhartha Mathur  
Dr. Anmol Gupta

*Schedule for letter #  
623A 00014020*

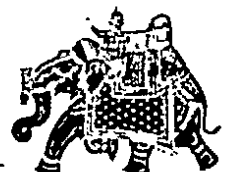
### APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT its AFFAIRS IN FLORIDA

### CLAUSE 8, PURPOSE (s) OF CORPORATION AUTHORIZED IN HOME STATE OR COUNTRY TO BE CARRIED OUT IN THE STATE OF FLORIDA

- To promote research and dissemination of knowledge regarding the physicians role to the medical and health professions, para professions and the public at large.
- To support medical and mental health centers in India and especially in the State of Rajasthan and the U.S.A to serve the Asian Indian Community.
- To raise funds to furnish the above centers in the modern and up-to-date equipment.
- To promote, plan and provide a forum for communication and seminars to inter-exchange ideas amongst physicians and health related professionals of Indian origin and physicians of the world at large.
- To help needy professions and students in the health field to achieve their goals by providing grants, awards.
- To establish fraternities and exchange professional, cultural and social activities locally and internationally.

*Bharat Gupta*

Bharat Gupta MD  
President  
954-993-5757



STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	RAJASTHAN MEDICAL ALUMNI ASSOCIATION, INC.
DOS ID Number:	1210698
Entity Type:	DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	10/21/1987

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on June 05, 2023 at 02:23 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State