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TO: Amendment Section Division of Corporations

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NAME OF CORPOR	RATION: FEDERATI	ON OF INDIAN A	SSOCIATIONS OF TAMPA BAY, IN	C
DOCUMENT NUM	BER: NO2000	006070		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	RASHMI	JAKHOTIA		
		of Contact Person)		
	(E)	(C)		
	(Fir	m/ Company)		
	15334 WIN	DING CREEK 3 (Address)	DR.	ļ
		(Address)		
	TAMPA	, FLA. 336	13	
	(City/ St	ate and Zip Code)		
R	AMJAHOTJA (G E-mail address: (to be us	MAIL · COM ed for future annual report notifi	cation)	
	concerning this matter, plea		,	ı
RASHMI	JAKHOTIA	at (8 1 3) 9 6 (Area Code & Dayt	2-4172	
(Name o	of Contact Person)	(Area Code & Dayt	ime Telephone Number)	
Enclosed is a check for	the following amount made	payable to the Florida Departme	nt of State:	l I
¥35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amend Divisio P.O. Bo	g Address ment Section of Corporations ox 6327 ssee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

Articles of Amendment to Articles of Incorporation

FILED

2010 NOV 16 AM 10: 14

FEDERATION OF	1 MD I AN 1	ASSOCIATIONAL CRETARY THATRA 1544 IN
(Name of Corporation as curr	ently filed with t	the Florida Dept. of State)
NO2000066	270	
(Document Nur	nber of Corporati	ion (if known)
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of It		this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name o	f the corporatio	<u>n:</u>
N/A		
The new name must be distinguishable and c	ontain the word	"corporation" or "incorporated" or the
abbreviation "Corp." or " Inc." "Company" of	r "Co." may not	
B. Enter new principal office address, if app		15334 WINDING CREEK DRIVE
(Principal office address MUST BE A STREE	T ADDRESS)	TAMPA FLA 33613.
		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		SAME AS ABOVE
		15334 WINDING CREEK DR.
		TOWA TIA 23/12
		TAMPA, FLA.33613
D. If amending the registered agent and/or		
new registered agent and/or the new regi	stered office add	dress:
Name of New Registered Agent:	RASHM	1 JAKHOTIA
	15334	WinDing CREEK Da. TAMPAFL 33613
New Registered Office Address:	(Flori	ida street address) 33613
	TAMP	(City), Florida 33613 (City) (Zip Code)
		(City) (Zip Code)
New Registered Agent's Signature, if changi	ng Registered A	gent:
I hereby accept the appointment as registered		familiar with and accept the obligations of the
position.	. •	

Page 1 of 3

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

٥.

(Attach	additional sheets, if necessary)		
Title	<u>Name</u>	Address	Type of Action
PE	BELA SHARMA	18201 Bitten Ave. Lutz, Fla. 33549	Add Remove
FP	CE PATEL CHANDRA	KANT 2341 VALRICO FOREST DRIVE	☐ Add ☐ Remove
PP	KRISHAN BATRA M.	D. 17303 STETSON IN TAMPA, FLA. 33556	
	nending or adding additional Articles, end the additional sheets, if necessary). (Be specified)	ecific)	
		ATTACHED FO	010
	ADDITIONAL	CHANGES.	
	PLEASE NOTE	THE INFORMATIO	N
	PROVIDED EARI	ER WAS IN EO	eror
,		NAMES INCLL	•
	NAMELY PATEL		
	KRISHAN BATRA	M.D. AND	REDDY
	RAMCHANDRA K.		
	COMPATIBLE WIT		E IV
	OF OUR ARTICL		
	ONLY ELECTED		
	DIRECTORS. ADD		
	AS ADD ON WE		
	ONE YEAR TERM		
	UNI YEHR IERIA	CIUVING UN DEC	-01, CUIU

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

Title	Name	Address	Type of Action
<u>PP</u>	REDDY RAMCHANDRA K	14717 WATERCHASE BLVD. TAMPA, FLA. 33626	☐ Add ☐ Remove
EVP	DR. MADHAVI SEKHERAM		Add Remove
····			☐ Add ☐ Remove
E. If ame (attach	nding or adding additional Articles, enter c additional sheets, if necessary). (Be specific	hange(s) here:	
			

The date of each amendment(s) ad	option:
Effective date-if applicable:	(date of adoption is required) DATE OF ELECTION BEGINING APRIL 20/0 (no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)
adopted by the board of directors CORRECTION THE OFF UNDE	ers entitled to vote on the amendment(s). The amendment(s) was/were THESE AMENDED NAMES ARE A HAT WAS ELECTRONICALLY SIGNED R MY ELECTRUNIC NAME. V. 15 2010
Signature Ray (By the cl have not	
	RASHMI JAKHOTIA
	(Typed or printed name of person signing)
	PRESIDENT FIA OF TAMPA BAY INC. (Title of person signing)
	(Title of person signing)