

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000823

FILED
Apr 30, 2007
Secretary of State

Entity Name: INDO-AMERICAN PHARMACISTS ASSOCIATION OF TAMPA BAY, INC.

Current Principal Place of Business:

1195 GASPARILLA DRIVE NE
ST PETERSBURG, FL 33702

New Principal Place of Business:

8205 CYPRESS BREEZEWAY
TAMPA, FL 33647

Current Mailing Address:

1195 GASPARILLA DRIVE NE
ST PETERSBURG, FL 33702

New Mailing Address:

8205 CYPRESS BREEZEWAY
ST PETERSBURG, FL 33647

FEI Number: 11-3675332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAH, LINDA
1195 GASPARILLA DRIVE NE
ST PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

PATEL, SAUMIL
8205 CYPRESS BREEZEWAY
TAMPA, FL 33647 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: SAUMIL PATEL

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAH, LINDA
Address: 1195 GASPARILLA DRIVE NE
City-St-Zip: ST PETERSBURG, FL 33702

Title: SD (X) Delete
Name: PATEL, NILA
Address: 17201 KEELY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: TD (X) Delete
Name: PATEL, SAUMIL
Address: 8205 CYPRESS BREEZEWAY
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PATEL, SAUMIL
Address: 8205 CYPRESS BREEZEWAY
City-St-Zip: TAMPA, FL 33647

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 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: SAUMIL PATEL

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date