2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000823

FILED Feb 11, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 8205 CYPRESS BREEZEWAY 1195 GASPARILLA DRIVE NE TAMPA, FL 33647 ST. PETERSBURG, FL 33702 **Current Mailing Address: New Mailing Address:** 8205 CYPRESS BREEZEWAY 1195 GASPARILLA DRIVE NE ST PETERSBURG, FL 33647 ST PETERSBURG, FL 33702 FEI Number: 11-3675332 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: PATEL, SAUMIL PATEL, TAPAN 8205 CYPRESS BREEZEWAY 5825 LÉGACY CRESCENT PLACE **APT 102** TAMPA, FL 33647 RIVERVIEW, FL 33578 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: TAPAN PATEL 02/11/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PATEL, SAUMIL SHAH, LINDA Name: Name: 8205 CYPRESS BREEZEWAY Address: 1195 GASPARILLA DRIVE NE Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: ST. PETERSBURG, FL 33702 Title: Title: () Change (X) Addition () Delete Name: Name: JAGGNIVAS, YESHWANTH Address: Address: 846 ADDISON DRIVE NE City-St-Zip: City-St-Zip: ST. PETERSBURG, FL 33716 Title: () Delete Title: () Change (X) Addition PATEL, TAPAN Name: Name: 5825 LEGACY CRESCENT PLACE APT 102 Address: Address: City-St-Zip: City-St-Zip: RIVERVIEW, FL 33578 Title: () Delete Title: SC () Change (X) Addition HIRA, NISHITA Name: Name: 18002 RICHMOND PLACE DRIVE APT 3627 Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33647

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: TAPAN PATEL **TREA** 02/11/2008