2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N03000000823

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:

Current Mailing Address:

1195 GASPARILLA DRIVE NE
ST PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 11-3675332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, TAPAN
5825 LEGACY CRESCENT PLACE
APT 102
RIVERVIEW, FL 33578 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:	SHAH, LINDA	
Address:	1195 GASPARILLA DRIVE NE	
City-St-Zip:	ST. PETERSBURG, FL 33702	
Title:	VP	(X) Delete
Name:	JAGGNIVAS, YESHWANTH	
Address:	846 ADDISON DRIVE NE	
City-St-Zip:	ST. PETERSBURG, FL 33716	
Title:	TR	( ) Delete
Name:	PATEL, TAPAN	
Address:	5825 LEGACY CRESCENT PLACE APT 102	
City-St-Zip:	RIVERVIEW, FL 33578	
Title:	SC	( ) Delete
Name:	HIRA, NISHITA	
Address:	18002 RICHMOND PLACE DRIVE APT 3627	
City-St-Zip:	TAMPA, FL 33647	

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:	

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 TR 03/23/2009
Electronic Signature of Signing Officer or Director — Date