

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90047 050 ****61.25

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1. Entity Name
**TREASURE COAST INDO-AMERICAN PHYSICIANS
SOCIETY, INC.**



Principal Place of Business
**1701 SE HILLMOOR DR
C-12
PORT SAINT LUCIE, FL 34952**

Mailing Address
**1701 SE HILLMOOR DR
C-12
PORT SAINT LUCIE, FL 34952**

DO NOT WRITE IN THIS SPACE



02252007 No Chg-NP CR2E037 (4/06)

4. FEI Number
55-0878878

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BHALLA, RAJNEESH MMD **KISHOR PAREKH M.D.**
1701 SE HILLMOOR DR **578 S.W. SANCTUARY**
C-12 **DR.**
PORT SAINT LUCIE, FL 34952 **PORT ST. LUCIE,**
FL. 34986

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kishor Parekh M.D.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPT**
NAME **NAYER, SUDMIR MD** **THANVI MAHARAJ M.D.**
STREET ADDRESS **2501 US -1** **1052 E. OCEAN BLVD.**
CITY-ST-ZIP **PORT SAINT LUCIE, FL-34952** **STUART, FL. 34996**

TITLE **DV**
NAME **RAO, KAMALAKAR MD** **PATEL PRASHANT**
STREET ADDRESS **1900 NEBRASKA AVE** **1453 S.W. JASMINE TRAIL**
CITY-ST-ZIP **FORT PIERCE, FL 34950** **PALM CITY, FL. 34990**

TITLE **ST**
NAME **BHALLA, RAJNEESH MD** **KISHOR PAREKH M.D.**
STREET ADDRESS **1701 SE HILLMOOR DR #C-12** **578 S.W. SANCTUARY**
CITY-ST-ZIP **PORT ST. LUCIE, FL-34950** **PORT ST. LUCIE FL 34986**

TITLE **T**
NAME **NAYYAR, RAMESH K**
STREET ADDRESS **2580 RHODE ISLAND AVE**
CITY-ST-ZIP **FORT PIERCE, FL 34950**

TITLE **T**
NAME **AGGARWAL, DARSHAN**
STREET ADDRESS **2215 NEBRASKA AVE STE 1F2**
CITY-ST-ZIP **FORT PIERCE, FL 34950**

TITLE **T**
NAME **MAKHNI, MALVINDER**
STREET ADDRESS **1700 HILLMOOR DR STE 307**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kishor Parekh M.D. **KISHOR PAREKH M.D.** **4/3/07** **772-467**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **8202**