

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001900

Entity Name: SANGHA, INC

FILED  
Jul 15, 2008  
Secretary of State

## Current Principal Place of Business:

7551 WILES RD, STE 104  
CORAL SPRINGS, FL 33067

## New Principal Place of Business:

## Current Mailing Address:

7551 WILES RD, STE 104  
CORAL SPRINGS, FL 33067

## New Mailing Address:

FEI Number: 20-2338633      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

MORRIS, J. WIL  
44 WEST FLAGLER STREET  
675  
MIAMI, FL 33130 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: P ( ) Delete  
Name: HINA, SHARMA M.D.  
Address: 2801 N. UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: D ( ) Delete  
Name: HINA, SHARMA M.D.  
Address: 2801 N. UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: D ( ) Delete  
Name: OZZIE, BLOOM  
Address: 2801 N. UNIVERSITY DIRVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HINA, SHARMA M.D.  
Address: 7551 WILES ROAD, SUITE 104  
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: D (X) Change ( ) Addition  
Name: HINA, SHARMA M.D.  
Address: 7551 WILES ROAD, SUITE 103  
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: D (X) Change ( ) Addition  
Name: OZZIE, BLOOM  
Address: 7551 WILES ROAD, SUITE 204  
City-St-Zip: CORAL SPRINGS, FL 33067 US

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: OZZIE BLOOM

CEO

07/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date