

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008525

FILED  
Sep 06, 2006  
Secretary of State

**Entity Name:** INDO-AMERICAN SOCIETY OF INTERVENTIONAL CARDIOLOGY, INC.

**Current Principal Place of Business:**

185 SHORE DRIVE SOUTH  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

185 SHORE DRIVE SOUTH  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

**Name and Address of New Registered Agent:**

MEHTA, SAMEER  
185 SHORE DRIVE SOUTH  
MIAMI, FL 33133 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHARMA, SAMIN  
Address: 20 CASTLE WALK  
City-St-Zip: SCARSDALE, NY 10583

Title: D ( ) Delete  
Name: MEHTA, SAMEER  
Address: 185 SHORE DRIVE SOUTH  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: BHATT, DEEPAK  
Address: 9500 EUCLIS AVE., DESK F25  
City-St-Zip: CLEVELAND, OH 44195

Title: D ( ) Delete  
Name: MAKAR, RAJ  
Address: 8631 W. 3RD STREET, #415E  
City-St-Zip: LOS ANGELES, CA 90048

**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 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: SAMEER MEHTA

D

09/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date