

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011524

FILED
Apr 29, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA ASSOCIATION OF PHYSICIANS FROM THE INDIAN SUBCONTINENT INC.

Current Principal Place of Business:

3241 YATTIKA PLACE
LONGWOOD, FL 32779

New Principal Place of Business:

9347 CHARLES E. LIMPUS ROAD
ORLANDO, FL 32836

Current Mailing Address:

3241 YATTIKA PLACE
LONGWOOD, FL 32779

New Mailing Address:

9347 CHARLES E. LIMPUS ROAD
ORLANDO, FL 32836

FEI Number: 26-2077247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARAVIND, PILLAI
3241 YATTIKA PLACE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

PARIKH, AMISH
9347 CHARLES E. LIMPUS ROAD
ORLANDO, FL 327836 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: AMISH PARIKH

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHAH, MAHENDRA
Address: 106 BOSTON AVENUE #207
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: DIXIT, MEHUL
Address: 615 E. PRINCETON STREET, STE. 500
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: PILLAI, ARAVIND
Address: 3241 YATTIKA PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: HERSHBERGER, VRINDA
Address: 4737 KENSINGTON PARK BLVD
City-St-Zip: ORLANDO, FL 32819

Title: D () Change (X) Addition
Name: PANARA, VRAJ
Address: 1907 BELFORD COURT
City-St-Zip: MAITLAND, FL 32751

Title: D () Change (X) Addition
Name: KAPIL, SANJIV
Address: 147 PARLIAMENT LOOP
City-St-Zip: LAKE MARY, FL 32746

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: VRINDA HERSHBERGER

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date