

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011524

FILED
Jan 24, 2010
Secretary of State

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

Current Principal Place of Business:

9347 CHARLES E. LIMPUS ROAD
ORLANDO, FL 32836

New Principal Place of Business:

4737 KENSINGTON PARK BLVD
ORLANDO, FL 32819

Current Mailing Address:

9347 CHARLES E. LIMPUS ROAD
ORLANDO, FL 32836

New Mailing Address:

4737 KENSINGTON PARK BLVD
ORLANDO, FL 32819

FEI Number: 26-2077247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HERSHBERGER, VRINDA
4737 KENSINGTON PARK BLVD
ORLANDO, FL 32819 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: VRINDA HERSHBERGER

01/24/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: DR
Name: PILLAI, ARAVIND
Address: 3241 YATTIKA PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: DR
Name: HERSHBERGER, VRINDA
Address: 4737 KENSINGTON PARK BLVD
City-St-Zip: ORLANDO, FL 32819

Title: D
Name: PANARA, VRAJ
Address: 1907 BELFORD COURT
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: KAPIL, SANJIV
Address: 147 PARLIAMENT LOOP
City-St-Zip: LAKE MARY, FL 32746

I hereby 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 all other like empowered.

SIGNATURE: VRINDA HERSHBERGER

TREA

01/24/2010

Electronic Signature of Signing Officer or Director

Date