

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011524

FILED  
Apr 26, 2011  
Secretary of State

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

**Current Principal Place of Business:**

4737 KENSINGTON PARK BLVD  
ORLANDO, FL 32819

**New Principal Place of Business:**

7902 VERSILIA DR  
ORLANDO, FL 32836

**Current Mailing Address:**

4737 KENSINGTON PARK BLVD  
ORLANDO, FL 32819

**New Mailing Address:**

7902 VERSILIA DR  
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:**

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

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

DESAI, UDAY  
7902 VERSILIA DR  
ORLANDO, FL 32836 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: UADESAI

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: DR  
Name: SHAH, NIKITA  
Address: 8445 ST MARINO BLVD  
City-St-Zip: ORLANDO, FL 32836

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

Title: DR  
Name: BHASKAR, SUDHIR  
Address: 9048 GREAT HERON CIRCLE  
City-St-Zip: ORLANDO, FL 32836

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: UADESAI

MD

04/26/2011

Electronic Signature of Signing Officer or Director

Date