

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011524

FILED
Jan 05, 2012
Secretary of State

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

Current Principal Place of Business:

7902 VERSILIA DR
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

7902 VERSILIA DR
ORLANDO, FL 32836

New Mailing Address:

FEI Number: 26-2077247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESAI, UDAY
7902 VERSILIA DR
ORLANDO, FL 32836 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: 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: MADAN, ATUL
Address: 9025 GREAT HERON CIRCLE
City-St-Zip: ORLANDO, FL 32836

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

Title: DR
Name: AKELLA, RAVI
Address: 5021 KEENLAND CIRCLE
City-St-Zip: ORLANDO, FL 32819

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

01/05/2012

Electronic Signature of Signing Officer or Director

Date