

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006261

FILED  
Jan 18, 2009  
Secretary of State

**Entity Name:** INDIAN PHYSICIANS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

300 NW 70TH AVE STE #105  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

300 NW 70TH AVE STE #105  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 26-2921946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLDBERG, ADAM S  
C/O KRAUSE & GOLDBERG P.A.  
1792 BELL TOWER LANE  
WESTON, FL 33326 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: D ( ) Delete  
Name: JAIN, MUDIT MD  
Address: 300 NW 70TH AVE STE #105  
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete  
Name: SETH, MEELAM MD  
Address: 5275 E LEITNER DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete  
Name: GUPTA, ASHA MD  
Address: 1309 MIDDLE RIVER DRIVE  
City-St-Zip: FT LAUDERDALE, FL 33304

Title: D ( ) Delete  
Name: GUPTA, MEENU MD  
Address: 10111 SW 3RD STREET  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SETH, NEELAM MD  
Address: 5275 E LEITNER DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

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 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:** MUDIT JAIN

P

01/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date