

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006261

FILED
Apr 23, 2011
Secretary of State

Entity Name: INDIAN PHYSICIANS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

14 NORTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

14 NORTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33062

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: T
Name: FATTEH, SHAHNAZ MD
Address: 817 S. UNIVERSITY DRIVE # 106
City-St-Zip: FT LAUDERDALE, FL 33324

Title: S
Name: SHARMA, VINAY MD
Address: 2481 POINCIANA CT.
City-St-Zip: WESTON, FL 33327

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

Title: VP
Name: GUPTA, MEENU MD
Address: 3310 NE 57TH CT
City-St-Zip: FT LAUDERDALE, FL 333308

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: ASHA GUPTA

P

04/23/2011

Electronic Signature of Signing Officer or Director

Date