

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007738

FILED
Mar 12, 2010
Secretary of State

Entity Name: INDO-AMERICAN MEDICAL ASSOCIATION OF NORTHEAST FLORIDA INC

Current Principal Place of Business:

10236 SAN JOSE BLVD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

10236 SAN JOSE BLVD
JACKSONVILLE, FL 32257

New Mailing Address:

PO BOX: 8599
FLEMING ISLAND, FL 32006

FEI Number: 26-3144695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAH, HEMANT
10236 SAN JOSE BLVD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

GOSWAMI, HARDEV
2418 OLD PINE TRAIL
ORANGE PARK, FL 32003 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: HARDEV GOSWAMI

03/12/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: IPP
Name: SHAH, HEMANT N MD
Address: 10236 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257

Title: PE
Name: SHAH, SITA MD
Address: 1680 EAGLE HARBOR PKWY., STE A
City-St-Zip: ORANGE PARK, FL 32003

Title: S
Name: EYYUNNI, RAMANUJAM S MD
Address: 201 HEALTH PARK BLVD., STE 214
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: P
Name: KANCHI, RAVI MD
Address: 655 W. 8TH ST., 6TH FL.
City-St-Zip: JACKSONVILLE, FL 32209

Title: D
Name: VIJAPURA, AMIT MD
Address: 9141 CYPRESS GREEN DR. STE 1
City-St-Zip: JACKSONVILLE, FL 32256

Title: T
Name: PATEL, BHAVESH MD
Address: 8663 DERRY DR.
City-St-Zip: JACKSONVILLE, FL 32244

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: HARDEV GOSWAMI

HEO

03/12/2010

Electronic Signature of Signing Officer or Director

Date