

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007738

FILED
Apr 26, 2011
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:

9421 WAYPOINT PLACE
JACKSONVILLE, FL 32257

Current Mailing Address:

PO BOX: 8599
FLEMING ISLAND, FL 32006

New Mailing Address:

FEI Number: 26-3144695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOSWAMI, HARDEV
2418 OLD PINE TRAIL
ORANGE PARK, FL 32003 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: DIR
Name: KURUVILLA, ANAND MD
Address: 600 ZEAPLER DR.
City-St-Zip: PALATKA, FL 32177

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

Title: DIR
Name: NEEL, KARNANI MD
Address: 8301 CYPRESS PLAZA DR., STE. 119
City-St-Zip: JACKSONVILLE, FL 32256

Title: IPP
Name: KANCHI, RAVI MD
Address: 3993 REDS GAIT LN.
City-St-Zip: JACKSONVILLE, FL 32223

Title: DIR
Name: GULANI, ARUN MD
Address: 8075 W. GATE PKWY.
City-St-Zip: JACKSONVILLE, FL 32216

Title: TR
Name: MANOHAR, SHONITH MD
Address: 8259 BAYBERRY RD.
City-St-Zip: JACKSONVILLE, FL 32256

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

04/26/2011

Electronic Signature of Signing Officer or Director

Date