FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:05

DOCUMENT # N22271 (3)

1. Corporation Name

ASSOCIATION OF AMERICAN PHYSICIANS FROM SOUTH AS IA, INC.

Principal Place of Business	Mailing Address
33920 US 19 NORTH #290 PALM HARBOR FL 34684	33920 US 19 NORTH #290 PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1987
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-2852347 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VIJAY, R.R. 4 COLUMBIA DR SUITE 830 TAMPA FL 33606	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1 TITLE	T ☑ Change ☐ Addition
NAME	NAWAB M.D., REHANA	1 NAME	Himanshu Chandarana, M.D.
STREET ADDRESS	7229-17TH CT. N.E.	1 STREET ADDRESS	3110 66th Street North
CITY ST ZIP	ST. PETERSBURG FL 33702	1 CITY ST ZIP	St. Petersburg, FL 33710
TITLE	VD	2 TITLE	D ☑ Change ☐ Addition
NAME	NAGAMIA M.D., HUSAIN	2 NAME	Sivaselvi Gunasekaran, M.D.
STREET ADDRESS	94 MARTINIQUE AVE.	2 STREET ADDRESS	7027 Pelican Island Drive
CITY ST ZIP	TAMPA FL 33606	2 CITY ST ZIP	Tampa, FL 33634
TITLE	PD	3 TITLE	D ☑ Change ☐ Addition
NAME	PURI M.D., RAJINDER	3 NAME	Dipak Mukherjee, M.D.
STREET ADDRESS	1209 LAKE POINT TERR.	3 STREET ADDRESS	9025 Baywood Park Drive
CITY ST ZIP	LAKELAND FL 33813	3 CITY ST ZIP	Seminole, FL
TITLE	SD	4 TITLE	D ☑ Change ☐ Addition
NAME	GUNASEKARAN M.D., SIVASELVI	4 NAME	Rehana Nawab, M.D.
STREET ADDRESS	7027 PELICAN ISLAND DR.	4 STREET ADDRESS	7229-17th Court NE
CITY ST ZIP	TAMPA FL 33634	4 CITY ST ZIP	St. Petersburg, FL 33702
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY ST ZIP		5 CITY ST ZIP	REMITTED BY MAY 1
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY ST ZIP		6 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chandarana MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Himanshu Chandarana, M.D.

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