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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34684-2650

3. Date Incorporated or Qualified: 08/28/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2852347 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VIJAY, R.R.
4 COLUMBIA DR
SUITE 830
TAMPA FL 33606

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	T	☒ Change ☐ Addition
NAME	CHANDARANA, HIMANSHU MD		1.2 NAME	Goosi M.RAMAPPA, MD	
STREET ADDRESS	3116 66TH ST NORTH		1.3 STREET ADDRESS	12136 COBBLESTONE DR	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	HUDSON FL 34667-	
TITLE	D	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	GUNASEKARON, SIVASELVI MD		2.2 NAME	GUNASEKARAN, SIVASELVI	
STREET ADDRESS	7027 PELICAN ISLAND DR		2.3 STREET ADDRESS	7027 PELICAN ISLAND DR	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MUKBERJEE, DIPAK MD		3.2 NAME		
STREET ADDRESS	9025 BAYWOOD PARK DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NAWAD, REHANA MD		4.2 NAME		
STREET ADDRESS	7229 17TH CT NE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	PP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NAGAMIA, HUSAIN		5.2 NAME		
STREET ADDRESS	500 VONDERBURG DRIVE STE 203		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

4/29/97