2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 08:00 AM
Secretary of State

DOCUMENT # N22271

1. Entity Name
ASSOCIATION OF AMERICAN PHYSICIANS FROM SOUTH ASIA, INC.

Principal Place of Business	Mailing Address
32615 U.S. 19 N., STE 3	32615 U.S. 19 N., STE 3
PALM HARBOR FL	PALM HARBOR FL
34684	34684

2. Principal Place of Business	3. Mailing Address
306 PLANT AVE	306 PLANT AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33606 Country: US	Zip: 33606 Country: US

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IYER VENKIT M.D.	Name: PAWAN RATTAN M.D.
32615 U.S. 19 N., STE 3	Street Address (P.O. Box Number is Not Acceptable): 306 PLANT AVE
PALM HARBOR FL	City: TAMPA FL Zip Code: 33060
34684 US	

8. 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: PAWAN RATTAN, MD — 04/28/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP				☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP				☒ Change ☐ Addition
D	NATH	I.V.S.	MD		D	DESAI	AKSHAY	MD	
	5800 49TH ST. NORTH					2150 49TH ST N, SUITE A			
	ST. PETERSBURG	FL	33709			ST. PETERSBURG	GL	33710	
D	EMANDI	ROA	VMD	☐ Delete	T	RATTAN	PAWAN	MD	☒ Change ☐ Addition
	14535 CORTEZ BLVD					306 S PLANT			
	BROOKSVILLE	FL	34613			TAMPA	FL	33606	
T	IYER	VENKIT	MD	☐ Delete	S	IYER	VENKIT	MD	☒ Change ☐ Addition
	3469 SHORELINE DRIVE					32615 US 19 N, SUITE 3			
	PALM HARBOR	FL	34684			PALM HARBOR	FL	34684	
S	RAMAPPA	G	MMD	☐ Delete	V	RAMAPPA	G. M.	MD	☒ Change ☐ Addition
	12136 COBBLESTONE DR					12136 COBBLESTONE DR			
	HUDSON	FL	34667			HUDSON	FL	34667	
V	NARAYAN	M	LMD	☐ Delete	D	NARAYAN	M. L.	MD	☒ Change ☐ Addition
	1314 S. FORT HARRISON					1314 S FT. HARRISON AVE			
	CLEARWATER	FL	33756			CLEARWATER	FL	33756	
P	DESAI	AKSHAY	MD	☐ Delete	P	EMANDI	VENKATA RAO	MD	☒ Change ☐ Addition
	8498 TALLAHASSEE DRIVE N.E.					13904 LAKESHORE BLVD, SUITE 410			
	ST PETERSBURG	FL	33702			HUDSON	FL	34667	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.