2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 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
306 PLANT AVE	306 PLANT AVE
TAMPA FL	TAMPA FL
33606 US	33606 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

PAWAN RATTAN M.D.
306 PLANT AVE
TAMPA FL
33060 US

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ **04/30/2001**
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	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	DESAI AKSHAY MD			NAME	EMANDI VENKATA RAO MD		
STREET ADDRESS	2150 49TH ST N, SUITE A			STREET ADDRESS	13904 LAKESHORE BLVD, SUITE 410		
CITY-ST-ZIP	ST. PETERSBURG	GL	33710	CITY-ST-ZIP	HUDSON	FL	34667
TITLE	T	☐ Delete		TITLE	T	☒ Change	☐ Addition
NAME	RATTAN PAWAN MD			NAME	CHOKSI JAYENDRA MD		
STREET ADDRESS	306 S PLANT			STREET ADDRESS	2630 W WATERS AVE		
CITY-ST-ZIP	TAMPA	FL	33606	CITY-ST-ZIP	TAMPA	FL	33614
TITLE	S	☐ Delete		TITLE	S	☒ Change	☐ Addition
NAME	IYER VENKIT MD			NAME	RATTAN PAWAN MD		
STREET ADDRESS	32615 US 19 N, SUITE 3			STREET ADDRESS	306 S PLANT		
CITY-ST-ZIP	PALM HARBOR	FL	34684	CITY-ST-ZIP	TAMPA	FL	33606
TITLE	V	☐ Delete		TITLE	V	☒ Change	☐ Addition
NAME	RAMAPPA G. M. MD			NAME	IYER VENKIT MD		
STREET ADDRESS	12136 COBBLESTONE DR			STREET ADDRESS	32615 US 19 N, SUITE 3		
CITY-ST-ZIP	HUDSON	FL	34667	CITY-ST-ZIP	PALM HARBOR	FL	34684
TITLE	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	NARAYAN M. L. MD			NAME	RAMAPPA G. M. MD		
STREET ADDRESS	1314 S FT. HARRISON AVE			STREET ADDRESS	12136 COBBLESTONE DR		
CITY-ST-ZIP	CLEARWATER	FL	33756	CITY-ST-ZIP	HUDSON	FL	34667
TITLE	P	☐ Delete		TITLE	P	☒ Change	☐ Addition
NAME	EMANDI VENKATA RAO MD			NAME	NARAYAN M. L. MD		
STREET ADDRESS	13904 LAKESHORE BLVD, SUITE 410			STREET ADDRESS	1314 S FT. HARRISON AVE		
CITY-ST-ZIP	HUDSON	FL	34667	CITY-ST-ZIP	CLEARWATER	FL	33756

CR2E037 (11/00)

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.

SIGNATURE: PAWAN RATTAN S 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #