2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2006
Secretary of State

DOCUMENT# N22271

Entity Name: FLORIDA ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN, INC.

Current Principal Place of Business:

4942 W MELROSE AVE N
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

4942 W MELROSE AVE N
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 59-2852347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAWAN, RATTAN M.D.
4942 W MELROSE AVE N
TAMPA, FL 33629 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: D ( ) Delete
Name: RATTAN, PAWAN MD
Address: 4942 MELROSE AVE N
City-St-Zip: TAMPA, FL 33629 US

Title: PD ( ) Delete
Name: SHAH, KANITA MD
Address: 4918 ST CROIX DR
City-St-Zip: TAMPA, FL 33629 US

Title: PED ( ) Delete
Name: RAO, RAMNATH MD
Address: 6331 MACCLAURIN DR
City-St-Zip: TAMPA, FL 33647 US

Title: VD ( ) Delete
Name: SINGH, VIBHUTI MD
Address: 1249 DARLINGTON OAK CIRCLE DR
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: SD ( ) Delete
Name: RATTLEHALLI, NARAYAH
Address: 513 RUE VENDOME
City-St-Zip: LUTZ, FL 33558 US

Title: TD ( ) Delete
Name: SHARMA, RAKESH K
Address: 1819 ALICIA WAY
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: RAO, RAMNATH MD
Address: 6331 MACLAURIN DR
City-St-Zip: TAMPA, FL 33647 US

Title: PE (X) Change ( ) Addition
Name: SINGH, VIBHUTI MD
Address: 1249 DARLINGTON OAK CIRCLE DR.
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: VP (X) Change ( ) Addition
Name: RATTEHALLI, NARAYAN MD
Address: 513 RUE VENDOME
City-St-Zip: LUTZ, FL 33558 US

Title: S (X) Change ( ) Addition
Name: SHARMA, RAKESH K M.D.
Address: 1819 ALICIA WAY
City-St-Zip: CLEARWATER, FL 33764 US

Title: T (X) Change ( ) Addition
Name: BATRA, KRISHAN K M.D.
Address: 17303 STETSON LN
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KRISHAN K. BATRA M.D. 04/22/2006

Electronic Signature of Signing Officer or Director — Date