2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N22271

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

Current Principal Place of Business:

4941 W MELROSE AVE N
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

4941 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.
4941 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:	4941 MELROSE AVE N	
City-St-Zip:	TAMPA, FL 33629 US	
Title:	P	( ) Delete
Name:	BATRA, KRISHAN K MD	
Address:	17303 STETSON LN.	
City-St-Zip:	ODESSA, FL 33556 US	
Title:	PE	( ) Delete
Name:	CHOWDAPPA, JAYDEV MD	
Address:	5275 KARLSBURG PLACE	
City-St-Zip:	PALM HARBOR, FL 34685 US	
Title:	VP	( ) Delete
Name:	SHAH, NANDKISHOR N MD	
Address:	3739 BAYSHORE BLVD. NE	
City-St-Zip:	ST. PETE, FL 33703 US	
Title:	S	( ) Delete
Name:	NARASINHA, VIJAY B M.D.	
Address:	5019 DEVON PORT DR.	
City-St-Zip:	TAMPA, FL 33647 US	
Title:	T	( ) Delete
Name:	KABARIA, VIPUL V M.D.	
Address:	13025 WHISPER SOUND DR.	
City-St-Zip:	TAMPA, FL 33624	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: VIPUL V. KABARIA T 03/22/2009

Electronic Signature of Signing Officer or Director — Date