2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2010
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:

5275 KARLSBURG PLACE
PALMHARBOR, FL 34685 US

Current Mailing Address:

4941 W MELROSE AVE N
TAMPA, FL 33629 US

New Mailing Address:

5275 KARLSBURG PLACE
PALMHARBOR, FL 34685 US

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:

CHOWDAPPA, JAYADEV M.D.
5275 KARLSBURG PLACE
PALMHARBOR, FL 34685 US

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: LOKESH 04/30/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: CHOWDAPPA, JAYADEV MD
Address: 5275KARLSBURG PLACE
City-St-Zip: PALMHARBOR, FL 34685 US

Title: P
Name: SHAH, NANDKISHOR N MD
Address: 3739 BAYSOHORE BLVD.NE
City-St-Zip: ST PETE, FL 33703 US

Title: PE
Name: NARASIMHA, VIJAY MD
Address: 5019 DEVON PORT DR
City-St-Zip: TAMPA, FL 33647 US

Title: S
Name: KABARIA, VIPUL V MD
Address: 13025 WHISPER SOUND DR.
City-St-Zip: TAMPA, FL 33624 US

Title: T
Name: LOKESH, HARAVU V M.D.
Address: 3893 MULLEN HURST
City-St-Zip: PALMHARBOR, FL 34685 US

I hereby 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 all other like empowered.

SIGNATURE: LOKESH T 04/30/2010
Electronic Signature of Signing Officer or Director Date