PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 17 AM 11:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N22271**

1. Corporation Name

ASSOCIATION OF AMERICAN PHYSICIANS FROM SOUTH ASIA, INC.

Principal Place of Business	Mailing Address
~~306 PLANT AVE~~ 4942 W. MELROSE AVE North ~~TAMPA FL 33606~~ ~~US~~ TAMPA FL 33629	~~306 PLANT AVE~~ ~~TAMPA FL 33606~~ ~~US~~ 4942 W. MELROSE AVE. N. TAMPA FL 33629.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4942 W. MELROSE AVE N.	4942 W. MELROSE AVE N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State TAMPA FL	City & State TAMPA FL
Zip 33629 Country ~~U.S.~~ US	Zip 33629 Country US

4. Date Incorporated or Qualified To Do Business in Florida: 08/28/1987

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

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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12/17/03--01011--012 **236.25

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City/State/Zip
P	~~RAMAPPA, G. M. MD~~ RATTAN, PAWAN K. MD	~~12136 COBBLESTONE DR~~ 4942 N. MELROSE AVE N.	~~HUDSON FL 34667~~ TAMPA 33629
D	~~IYER, VENKIT MD~~ SHAH, KANTA MD	~~32615 US 19 N, SUITE 3~~ 4918 ST. CORIX Dr.	~~PALM HARBOR FL 34684~~ TAMPA FL. 33629
V	~~RATTAN, PAWAN MD~~ RAO, RAMNATH MD	~~306 S PLANT~~ 6331 MACLAURIN DR.	~~TAMPA FL 33606~~ TAMPA 33647
T	~~GHOKSI, JAYENDRA MD~~ SINGH, VIBHUTI MD	~~2630 W WATERS AVE~~ 1249 DARLINGTON OAK Cr. Dr.	~~TAMPA FL 33614~~ ST. Pete 33703
D	~~EMANDI, VENKATA RAO MD~~ RATTEHALLI, NARAYAN MD	~~13904 LAKESHORE BLVD, SUITE 410~~ 513 RUE VENDOME	~~HUDSON FL 34667~~ LUTZ FL 33558

8. Name and Address of Current Registered Agent

~~PAWAN, RATTAN M.D.~~
~~10319 WILLIAMS ROAD~~
~~TAMPA FL 33624~~

9. Name and Address of New Registered Agent

Name: PAWAN K. RATTAN MD
Street Address (P.O. Box Number is Not Acceptable): 4942 W. MELROSE AVE NORTH
Suite, Apt. #, Etc.: ~~FL~~
City: TAMPA State: FL Zip Code: 33629

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Pawan K. Rattan — Date: 12/12/03
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

813-787-6676 ~~813-787-6674~~ 8139540705

SIGNATURE: Pawan K. Rattan PAWAN K. RATTAN MD 12/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C-813-782-6676