SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $135 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $385)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -6 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38766 (4)

1. Corporation Name

ASSOCIATION OF PHYSICIAN AND DENTISTS FROM SOUTH ASIA, INC.

Principal Place of Business	Mailing Address
501 SOUTH TOWERS 2501 NORTH ORANGE AVE ORLANDO FL 32804	290 HIBISCUS RD. 2501 NORTH ORANGE AVE CASSELBERRY FL 32707 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1990
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-3039097 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business: 21 290 Hibiscus Rd	2a. Mailing Address: 26
Suite, Apt #, etc: 22	Suite, Apt #, etc: 27
City & State: 23 Casselberry FL	City & State: 28
Zip: 24 32707 — Country: 25 U.S.A.	Zip: 29 — Country: 30

9. Name and Address of Current Registered Agent

MANSORI, ZUBAIR S
815 ORIENTA AVE, UNIT #2
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DVP	1 TITLE	D P ☑ Change ☐ Addition
NAME	SAOJI, MOHAN	1 NAME	
STREET ADDRESS	290 HIBISCUS RD	1 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	1 CITY-ST-ZIP	FL 32707
TITLE	DVP	2 TITLE	VP ☐ Change ☑ Addition
NAME	SARDAR, AZIZ	2 NAME	SYED MALIK
STREET ADDRESS	4564 THORNLEA RD.	2 STREET ADDRESS	2501 N. Orange Ave. Suite 213B.
CITY-ST-ZIP	ORLANDO FL	2 CITY-ST-ZIP	Orlando FL. 32804
TITLE	DP	3 TITLE	S ☐ Change ☑ Addition
NAME	DAS, DINESH	3 NAME	M. N. A. QAZI
STREET ADDRESS	2900 17TH ST.	3 STREET ADDRESS	6388 Silver Star Rd Suite 2A
CITY-ST-ZIP	ST CLOUD FL	3 CITY-ST-ZIP	Orlando FL. 32818
TITLE	DS	4 TITLE	☑ Change ☑ Addition
NAME	JAHAGIRDAR, RAVI, MD	4 NAME	UDITA JAHAGIRDAR
STREET ADDRESS	396 N. SPAULDING COVE	4 STREET ADDRESS	396 N. SPAULDING COVE
CITY-ST-ZIP	HEATHROW FL	4 CITY-ST-ZIP	HEATHROW FL
TITLE		5 TITLE	V.P. ☐ Change ☑ Addition
NAME		5 NAME	Madhu Parikh
STREET ADDRESS		5 STREET ADDRESS	598 Sterthaus Dr
CITY-ST-ZIP		5 CITY-ST-ZIP	Ormond Beach FL 32174
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/18/95 (407) 331 8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

0003507