PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT	· S	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		FILED 04 AUG -2 AN 7:58	9
DOCUMENT # N 38766 1. Corporation Name				SECRETAIO DE STATE TALLAHASSEE, FLORIDA		
Doctors of South Asia, Inc.				K.	NSTATEMENT ()3-0 <u>-</u>
	Office Address Westmonte brive	3. Mailing O	- SAME-	(087	000039790510 02/0401069006 **12	22.50
Suit	Suite B.		4. Date I		corporated or Qualified Business in Florida	
	SPGS, FL 32714	City & State	N	5. FEI Number	> > 2 C A A A A A A A A A A A A A A A A A A	ied For Applicable
Zip 327	U.S.A.	Zip	Country	6. CERTIFICATE	S8.75 Additional F for a Certificate	
7. Name and Address of Current Registered Agent						
	Name V&cy Panara M Street Address (P.O. Box Number is Not Acceptable) 220 N. Westmente Bore Suite, Apt. #. Etc					
	Suite, Apt. #, Etc. Sv. Te B	<u> </u>			State Zip Code	
	A) tamonte	2/2015	x Et		FL 32714	
8. I, being appointed the legistered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN						
9 Names	and Street Addresses of Each Officer and			act 2 directors)		
Titles	Name of Officers and/or Directors	or Director (File	Street Address of Each Officer and/or Directo	1	City / State / Zip	
Pres.	VRAJ PANARA MO		220 N- Westmonte Ar. #B Alt. Spark KL 32714		A12. SACKS, FL327.14	
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Tyealor	Mahandra Sha	h, MD	Na.		רו	
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	: : :					
10. 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. SIGNATURE: **PRESIDENT** 7-30-04** **NOT 862-4000** **PRESIDENT** 7-30-04** **NOT 862-4000** **PRESIDENT** **PRES						
	SIGNATURE AND TYPED OR OR	NTED NAME OF	SIGNING OFFICER OR DIRECTOR		Date Dartima Phone #	



Doctors Of South Asia

220 North Westmonte Drive, #B Altamonte Springs, Fl 32714 Phone: 407-862-4500 Fax: 407-862-1173

Email: vpanara871@yahoo.com DOSA is a non-profit professional organization serving all of Central Florida since 1990

Executive Committee

President Vraj Panara MD

President Elect Pradip Jamanadas MD

Vice President Kirti Kalidas MD ND

Secretary 1 Pragnesh Patel MD Digesh Chokshi MD

Treasurer Mahendra Shah MD

Past President Rajesh Patel MD

Young Physicians Amish Parikh MD

Membership Marketing Pran Kar MD

Advisor 6 Ravi Jahagirdar MD

AAPI Liaison Vikram Mehta MD

Executive Director Glad Kurian MBA

CME

Pallavi Deliwala MD Sudhir Bhaskar MD Usha Jain MD

Sponsorship Avanish Aggarwal MD Samual Edward MD -Vivek Desai MD

Regional Director Arvind Pillai MD Ganesh Akula MD Karan Reddy MD Kishor Ranadive MD Krish Shroff MD Muhhamad Shaukat MD Raj Hippalgoankar MD Ravi Akella MD Sailesh Shah MD Sanjiv Singh MD Sanjiv Vyas MD Sardar Aziz MD Vijay Patange MD

> Auxillary Heena Shah Mona Ranadive Gauri Aggarwal

July 30, 2004

Ref: Doctors Of South Asia, Inc. Document No. N38766

Dear Sir/ madam,

I would like to request waiver for reinstatement fee for this non-profit corporation, because we never received mails for 2003 and 2004.

I wanted to thank you in advance for consideration and assistance.

Sincerely,

Vraj Panara MD President 1

Doctors Of South Asia 2004

Trusha Panara

Tax ID# 59-3039097