

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N38766

1. Entity Name

DOCTORS OF SOUTH ASIA, INC.



Principal Place of Business

220 N. WESTMONTE DRIVE
SUITE B

ALTAMONTE SPRINGS, FL 32714 US

Mailing Address

220 N. WESTMONTE DRIVE
SUITE B

ALTAMONTE SPRINGS, FL 32714 US



04212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3039097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PANARA, VRAJ

220 N. WESTMONTE DRIVE

SUITE B

ALTAMONTE SPRINGS, FL 32714

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

M. SHAH my

(NOTE: Registered Agent signature required when reinstating)

4/24/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: T
NAME: SHAH, MAHENDRA M.D.
STREET ADDRESS: 220 N. WESTMONTE DRIVE
CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32714

TITLE: P
NAME: JAMANADAS, PRADIP M.D.
STREET ADDRESS: 220 N. WESTMONTE DRIVE
CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32714

TITLE: V
NAME: KALIDAS, KIRTI M.D.
STREET ADDRESS: 220 N. WESTMONTE DRIVE
CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32714

TITLE: PP
NAME: PANARA, VRAJ
STREET ADDRESS: 220 N. WESTMONTE DRIVE
CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32714

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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05/21/08-80114-024 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. SHAH my

Date

Daytime Phone #

4/24/08 (407)831-5211