

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **N48297** (8)

1. Corporation Name

TREASURE COAST INDIAN PHYSICIANS SOCIETY, INC.

RECEIVED - MAY 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/08/1992** 3a. Date of Last Report **07/29/1994**

4. FEI Number **65-0406968** 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 ☒ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

Mailing Address

**2580 RHODE ISLAND AVENUE
FT. PIERCE FL 34950**

**2580 RHODE ISLAND AVENUE
FT. PIERCE FL 34950**

21. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

County

Zip

County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NAYYAR, MANJULA K., M.D.
2580 RHODE ISLAND AVENUE
FT. PIERCE FL 34950**

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 607.0502 and 607.1508, 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent (print name of corporation, agent, and date)

(Print Name of Registered Agent (print name of agent, date, and title))

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **PD**
2. NAME **NAYYAR, MANJULA K.**
3. STREET ADDRESS **2580 RHODE ISLAND AVE**
4. CITY, ST, ZIP **FT PIERCE FL**

11. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP

1. TITLE **VD**
2. NAME **WALIA, HEMA**
3. STREET ADDRESS **2215 NEBRASKA AVE.**
4. CITY, ST, ZIP **FT PIERCE FL**

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

1. TITLE **STD**
2. NAME **SINGH, AMITA**
3. STREET ADDRESS **1701 SE HILLMOOR DR.**
4. CITY, ST, ZIP **PT ST. LUCIE FL**

31. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

51. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANJULA K NAYYAR MD

4/28/95

407-878-6568

Secretary of State