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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N48297 (8)

1. Corporation Name

TREASURE COAST INDIAN PHYSICIANS SOCIETY, INC.

Principal Place of Business

Mailing Address

147 N. NARANJA AVE.
PORT ST. LUCIE FL 34983

147 N. NARANJA AVE.
PORT ST. LUCIE FL 34983

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/06/1992

3a. Date of Last Report
08/13/1996

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

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

10. Name and Address of New Registered Agent

NAYYAR, MANJULA K., M.D.
147 N. NARANJA AVE.
PORT ST. LUCIE FL 34983

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME NAYYAR, MANJULA K.
STREET ADDRESS 147 N. NARANJA AVE.
CITY-ST-ZIP PORT ST. LUCIE FL 34983 ☒ DELETE

1.1 TITLE PD
1.2 NAME KUMAR, RAMESH
1.3 STREET ADDRESS 1523 SW. MOCKINGBIRD CIRCLE
1.4 CITY-ST-ZIP PORT ST. LUCIE FL 34986 ☒ Change ☐ Addition

TITLE VD
NAME WALIA, HEMA
STREET ADDRESS 2215 NEBRASKA AVE.
CITY-ST-ZIP FT PIERCE FL ☒ DELETE

2.1 TITLE VD.
2.2 NAME WALIA, SANJIV
2.3 STREET ADDRESS 2215 NEBRASKA AVE.
2.4 CITY-ST-ZIP FT. PIERCE, FL. ☒ Change ☐ Addition

TITLE STD
NAME SINGH, AMITA
STREET ADDRESS 1701 SE HILLMOOR DR.
CITY-ST-ZIP PT ST. LUCIE FL 34952 ☒ DELETE

3.1 TITLE STD
3.2 NAME SARKAR, CHITTO
3.3 STREET ADDRESS 2062 SE TRIUMPH RD.
3.4 CITY-ST-ZIP Port St. LUCIE 34952 ☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

RAMESH KUMAR
4/29/97

CR2E037 (9/96)