## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N48297

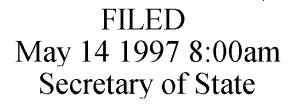
(8)

## TREASURE COAST INDIAN PHYSICIANS SOCIETY, INC.

Princip	al Place of	Business
147 N.	NARANJA J	AVE.

Mailing Address

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



|--|

PORT ST. LUCKE PL 3486	,	POHT ST. LUCIE FL 34	909			1			
						3. Date Incorporated or Qualified 04/06/1992	<b>3a</b> . D	ate of Last Report 08/13/1996	
2. Principal Place of Bus	iness	2a. Mailing Address				4. FEI Number 65-0406968		Applied For	
		Suite Ant # etc			00-0400300	····	Not Applicable		
22	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
Zip	Country	Zip		obru		1 Trust Fund Contribution		Added to Fees	
24	25	<del></del>	30	intry		This corporation has liability for Florida Statutes	intangible Yes		
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	<u> </u>			<b>81</b> Na	me			<del>7</del>	
MAYVAR MANIII	NAYYAR, MANJULA K., M.D.			92 Cu	201 Add	700 B			
	147 N. NARANJA AVE.		82 Street Address (P.O. Box Number is Not Acceptable)						
PORT ST. LUCIE				83					
:			1	<b>84</b> Cit	,			85 Zip Code	
				<b>64</b>   Cit	f		FL	85 Zip Code	
11. Pursuant to the provi	sions of Sections 617.05	502 and 617.1508, Florida Stat	tutes, the a	pove-nar	ned corp	poration submits this statement for the	purpose c	f changing its registered	
agent. I am familiar v	igent, or both, in the Stat vith, and accept the obli	te of Florida. Such change wa igations of, Section 617.0503,	s aumorize Florida Stat	u by the Jules.	corporat	tion's board of directors. I hereby acce	spr me app	comment as registered	
SIGNATURE		•						•	
Signature, type	ed or printed name of registered a			d Agent sign	ature requi	red when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN	~	
TITLE PD		DELETE	1.1 TI			KUMAR, RAMES	ы	☑ Change ☐ Addition	
	AR, MANJULA K.		1.2 N			1523 SW. MOCKEN	11 A 070	O CTACLE	
	. NARANJA AVE.			IREET ADDR	SS	1323 SW PROCEEN	N 151 F	24.00-1	
	ST. LUCIE FL 34983	<b>∑</b> P DELETE		1Y-S1-ZIP	-	PORT ST. LUCZE	. ,	Change Addition	
TITLE VD	LIPAAA	LAT VELETE	2.1 TI 22 N			VD. WALIA, SANJIV	,	EZY Change [] Addition	
	I, HEMA NEBRASKA AVE.		1	amil Treet addr	· .	2215 NEBRASKA	AV	e ·	
	RCE FL			11Y-ST- <i>2</i> (P	.55	FT PTERCE, F	,		
TITLE STD	MOL IL	DELETE	3.171			STO	· ·	Change Addition	
1	I, AMITA	4	3.2 N				Γο	<del>_</del>	
	SE HILLMOOR DR.			FREET ADDR	ss '	SARKAR, CHIT 2062 SE TRIUN	PH i	Rd.	
	LUCIE FL 34952		1	11Y - ST - ZIP	-   7	Part St. LUCTE .	349	52.	
TITLE		☐ DELETE	4.1 1(		7			☐ Change ☐ Addition	
NAME .			4. 2 N	IAME	į				
STREET ADDRESS			4.3 S1	REET ADDR	ss				
CITY-ST-ZIP			4.4 CI	ITY-ST-ZIP					
TITLE		☐ DELETE	5.1 Ti	TLE				☐ Change ☐ Addition	
NAME			5.2 N	ame	Ì				
STREET ADDRESS			5.3 S	TREET ADDA	SS				
CITY-ST-ZIP			54 Ç	TY-ST-ZIP					
TITLE		☐ DELETE	6.1 Ti					Change Addition	
NAME			6.2 N						
STREET ADDRESS			6.3 \$	TREET ADDR	SS				
CITY-ST-ZIP				ITY-ST-ZIP					
<ol> <li>14. I do hereby certify the information indicated</li> </ol>	iat the information suppl I on this annual report of	ied with this filing does not qui r supplemental annual report i	alify for the s true and a	exempti eccurate	on stated and that	d in Section 119.07(3)(i), Florida Statut t my signature shall have the same leg	es. I furthé al effect a	or certify that the is if made under oath: the	
I am an officer or dir	ector of the corporation	or the receiver or trustee emplor on an attachment with an a	owered to e	execute t	nis repor	rt as required by Chapter 617, Florida.	Statutes; a	and that my name	
appears in block 12	огріоск та ії спапува,	or on an attachment with all a		R	AME.	SH KUMAR.			