

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 16 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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.<br>PORT ST. LUCIE FL 34983 | 147 N. NARANJA AVE.<br>PORT ST. LUCIE FL 34983 |

|                                                        |                                                        |
|--------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/06/1992</b> |                                                        |
| 4. FEI Number<br><b>65-0406968</b>                     | Applied For<br><input type="checkbox"/> Not Applicable |

|                                |                        |                                                                                                                                                              |    |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 2. Principal Place of Business | 2a. Mailing Address    | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                              |    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                           |    |
| 22 City & State                | 27 City & State        | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |    |
| 23 Zip Country                 | 28 Zip Country         | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |    |
| 24                             | 25                     | 29                                                                                                                                                           | 30 |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City <b>FL</b> 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<br>KUMAR, RAMESH<br>1523 S.W. MOCKINGBIRD CIR.<br>PORT ST. LUCIE FL | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                        | 1.2 NAME                                              | <b>No changes</b>                                                 |
| STREET ADDRESS             |                                                                        | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                        | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | VD<br>SANGIV, WALIA<br>2215 NEBRASKA AVE.<br>FT PIERCE FL              | 2.1 TITLE                                             |                                                                   |
| NAME                       |                                                                        | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                        | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                        | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | STD<br>CHITTO, SARKAR<br>2062 S.E. TRIUMPH RD<br>PT ST. LUCIE FL       | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                        | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                        | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                        | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                                                        | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                        | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                        | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                        | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                                                        | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                        | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                        | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                        | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                                                        | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                        | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                        | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                        | 6.4 CITY-ST-ZIP                                       |                                                                   |

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)