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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48297

1. Corporation Name

TREASURE COAST INDIAN PHYSICIANS SOCIETY, INC.

Principal Place of Business
**147 N. NARANJA AVE.
PORT ST. LUCIE FL 34983**

Mailing Address
**147 N. NARANJA AVE.
PORT ST. LUCIE FL 34983**

*Ann
copy of old one
with check*
000809991

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/06/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0406968	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUMAR, RAMESH	1.2 NAME	
STREET ADDRESS	1523 S.W. MOCKINGBIRD CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANGIV, WALIA	2.2 NAME	
STREET ADDRESS	2215 NEBRASKA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHITTO, SARKAR	3.2 NAME	
STREET ADDRESS	2062 S.E. TRIUMPH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST. LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H/29/99
Date

Daytime Phone #