

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90002 015 ****61.25

DOCUMENT # **N48297**

1. Entity 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

2. Principal Place of Business

2580 RHODE ISLAND AV.

3. Mailing Address

2580 RHODE ISLAND AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT PIERCE, FL

City & State

FORT PIERCE, FL

4. FEI Number

65-0406968

Applied For

Not Applicable

Zip

34950

Country

ST. LUCIE

Zip

34950

Country

ST. LUCIE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **NAYYAR, MANJULA K., M.D.**

Street Address (P.O. Box Number is Not Acceptable)

2580 RHODE ISLAND AVE.

City

FORT PIERCE

FL

Zip Code

34950

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

MANJULA NAYYAR

4-13-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **KUMAR, RAMESH**
STREET ADDRESS **1523 S.W. MOCKINGBIRD CIR.**
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE **VD** ☒ Delete
NAME **SANGIV, WALIA**
STREET ADDRESS **2215 NEBRASKA AVE.**
CITY-ST-ZIP **FT PIERCE FL**

TITLE **STD** ☒ Delete
NAME **CHITTO, SARKAR**
STREET ADDRESS **2062 S.E. TRIUMPH RD**
CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **SANJIV WALIA, MD**
STREET ADDRESS **2215 NEBRASKA AV.**
CITY-ST-ZIP **FT. PIERCE, FL.**

TITLE **TD** ☐ Change ☒ Addition
NAME **RAJNEESH BHALLA MD**
STREET ADDRESS **1701 S.E. HILLMOOR DR #C-12**
CITY-ST-ZIP **Port St. Lucie, FL. 34952**

TITLE **SD** ☐ Change ☒ Addition
NAME **SUDHIR NAYER MD**
STREET ADDRESS **8501 S. Federal HWY # 10 K**
CITY-ST-ZIP **Port St. Lucie, FL. 34952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

4-13-01 561-398-8844

CR2E037 (10/00)