

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48297

1. Entity Name

TREASURE COAST INDIAN PHYSICIANS SOCIETY, INC.

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90015 047 ****61.25

0090357

Principal Place of Business

Mailing Address

2580 RHODE ISLAND AVE
FORT PIERCE FL 34950

2580 RHODE ISLAND AVE
FORT PIERCE FL 34950

2. Principal Place of Business

3. Mailing Address

1701 S.E. HILLMOOR DR.

1701 S.E. HILLMOOR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # C-12

SUITE # C-12

City & State

City & State

PORT ST. LUCIE, FL.

PORT ST. LUCIE, FL.

Zip

Country

Zip

Country

34952

ST. LUCIE

34952

ST. LUCIE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0406968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAYYAR, MANJULA K., M.D.
2580 RHODE ISLAND AVE
FORT PIERCE FL 34950

Name RAJNEESH BHALLA

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

1701 S.E. HILLMOOR DR.

SUITE # C-12

City

PORT ST. LUCIE

FL

Zip Code

34952

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WALIA, SANJIV MD
STREET ADDRESS 2215 NEBRASKA AVENUE
CITY-ST-ZIP PORT ST. LUCIE FL ☐ Delete

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

TITLE TD
NAME BHALLA, RAJNEESH MD
STREET ADDRESS 1701 SE HILLMOOR DRIVE C-12
CITY-ST-ZIP PORT SAINT LUCIE FL 34952 ☐ Delete

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

TITLE STD
NAME NAYER, SUDHIR MD
STREET ADDRESS 8501 S FEDERAL HWY #10K
CITY-ST-ZIP PORT SAINT LUCIE FL 34952 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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 information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/02 772-399-8844

CR2E037 (9/01)