

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N51205** (5)

1. Corporation Name

INDIAN PHYSICIANS OF FLORIDA, INC.

Principal Place of Business

**300 NW 70TH AVE., SUITE 109
PLANTATION FL 33317**

Mailing Address

**300 NW 70TH AVE., SUITE 109
PLANTATION FL 33317-2360**



3. Date Incorporated or Qualified
10/05/1992

3a. Date of Last Report
05/22/1996

4. FEI Number

65-0425100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**GUPTA, RAJENDRA
300 NW 70TH AVE., #109
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

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

TITLE **PD** ☐ DELETE
NAME **GUPTA, RAJENDRA P MD**
STREET ADDRESS **300 NW 70TH AVE., #109**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **VD** ☐ DELETE
NAME **NARULA, ONKAR MD**
STREET ADDRESS **300 NW 70TH AVE., #109**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **SD** ☐ DELETE
NAME **MEHTA, SAMEER MD**
STREET ADDRESS **300 NW 70TH AVE., #109**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **JS** ☐ DELETE
NAME **SATIJA, ASHOK MD**
STREET ADDRESS **300 NW 70TH AVE., #109**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **T** ☐ DELETE
NAME **DANDIYA, ROHIT MD**
STREET ADDRESS **300 NW 70TH AVE., #109**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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, unchanged, or on an attachment with an address.

CR2E037 (9/96)