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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -8 AM 11:20

DOCUMENT # N51205

1. Corporation Name
INDIAN PHYSICIANS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
11650 NW 18TH COURT PLANTATION FL 33323 US	11650 NW 18TH COURT PLANTATION FL 33317 US

2. Principal Place of Business 21 7050 NW 4 St # 201	2a. Mailing Address 26 7050 NW 4 St # 201	3. Date Incorporated or Qualified 10/05/1992
Suite, Apt. #, etc. 22 # 201	Suite, Apt. #, etc. 27 # 201	4. FEI Number 65-0425100 ☐ Applied For ☐ Not Applicable
City & State 23 PLANTATION	City & State 28 PLANTATION	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33317 25 USA	Zip / Country 29 33317 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAGHAV, SETH 11650 NW 18TH COURT PLANTATION FL 33323	81 Name DR. DEEPAK KAPILA 82 Street Address (P.O. Box Number is Not Acceptable) 7050 NW 4 St # 201 83 84 City PLANTATION FL 85 Zip Code 33317

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RAGHAV, SETH		1.2 NAME		
STREET ADDRESS	11650 NW 18TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33323		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DEEPAK, KAPILA		2.2 NAME		
STREET ADDRESS	7050 NW 4TH ST #201		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MUNNSWAMY, KARAN		3.2 NAME		
STREET ADDRESS	550 SW 3RD ST #206		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NIGAM, PARIICH		4.2 NAME		
STREET ADDRESS	4492 N UNIVERSITY DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33351		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E017 (5/98)

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.

AD

SIGNATURE: SIGNATURE REQUIRED 9-25-99 954-587-4112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #