

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51205

1. Entity Name

INDIAN PHYSICIANS OF FLORIDA, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90026 048 ****61.25

Principal Place of Business

7050 NW 4ST
#201
PLANTATION FL 33317
US

Mailing Address

7050 NW 4ST
#201
PLANTATION FL 33317
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0425100

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

KAPILA, DEEPAK DR
7050 NW 4ST
#201
PLANTATION FL 33317

Name

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

City

FL

Zip Code

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

7/7/00

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 ☐ Delete
NAME RAGHAV, SETH
STREET ADDRESS 11650 NW 18TH COURT
CITY-ST-ZIP PLANTATION FL 33323

TITLE VPD ☐ Delete
NAME DEEPAK, KAPILA
STREET ADDRESS 7050 NW 4TH ST #201
CITY-ST-ZIP PLANTATION FL 33317

TITLE S ☐ Delete
NAME MUNNSWAMY, KARAN
STREET ADDRESS 550 SW 3RD ST #206
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE TD ☐ Delete
NAME NIGAM, PARIKH
STREET ADDRESS 4492 N UNIVERSITY DR
CITY-ST-ZIP FT. LAUDERDALE FL 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME DEEPAK KAPILA
STREET ADDRESS 7050 NW 4TH ST #201, PLANTATION FL 33317

TITLE VPD ☒ Change ☐ Addition
NAME NIGAM PARIKH.
STREET ADDRESS 4492 N UNIVERSITY DR
CITY-ST-ZIP FT LAUDERDALE FL 33351

TITLE S ☒ Change ☐ Addition
NAME SODD ANSH
STREET ADDRESS 8850 W. KEITNER DRIVE,
CITY-ST-ZIP C.S. 33067

TITLE PD ☒ Change ☐ Addition
NAME SETH NIGAM.
STREET ADDRESS 7304 SOWEN GARD BLVD,
CITY-ST-ZIP NORTH LAUDERDALE 33068

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 duly empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/00 954 5843001

Date

Daytime Phone #

CR2E037 (5/00)