

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51205

1. Entity Name

INDIAN PHYSICIANS OF FLORIDA, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S/D	ANJU, SOOD	8850 W LEITNER DR	POMPANO BEACH FL 33067	<input type="checkbox"/> Delete
PD	DEEPAK, KAPILA	7050 NW 4TH ST #201	PLANTATION FL 33317	<input checked="" type="checkbox"/> Delete
TD	NEEKAM, SETH	7306 SOUTH GATE BLVD	POMPANO BEACH FL 33068	<input type="checkbox"/> Delete
VPD	NIGAM, PARIKH	4492 N UNIVERSITY DR	FT. LAUDERDALE FL 33351	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		300008341733--4	-10/11/02--01084--001	*****236.25 *****236.25
		300008341733--4	-10/11/02--01084--002	*****52.50 *****52.50
		300008341733--4	-10/11/02--01084--003	*****8.75 *****8.75
	PRESIDENT	NIGAM PARIKH	6465 NW 98 Avenue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		Parkland, FL 33076		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

7/18/01 954 584300

FILED

02 SEP 26 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0425100

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

CR2E037 (5/01)

Charter Number Only

VALIDATION ONLY

9/25

Norman A. Lobban

Requestor's Name
100 S. Biscayne Blvd. 7th floor

Address
MIAMI FL 33131

City State ZIP Phone

(305) 536-5521A

CORPORATION(S) NAME

Indian Physicians of
Florida, Inc.

RECEIVED
02 SEP 26 AM 10:13
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE



Empire Toll Free: 1-800-432-3028

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other UBR |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> After 4:30 |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier