

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51205

Entity Name: INDIAN PHYSICIANS OF FLORIDA, INC.

FILED
Apr 14, 2004
Secretary of State

Current Principal Place of Business:

7050 NW 4ST
#201
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

6465 NW 98 AVE
PARKLAND, FL 33076

New Mailing Address:

FEI Number: 65-0425100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: ANJU, SOOD
Address: 8850 W LEITNER DR
City-St-Zip: POMPANO BEACH, FL 33067

Title: TD () Delete
Name: NEEKAM, SETH
Address: 7306 SOUTH GATE BLVD
City-St-Zip: POMPANO BEACH, FL 33068

Title: PD () Delete
Name: NIGAM, PARIKH
Address: 645 NW 98 AVENUE
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIGAM PARIKH

PD

04/14/2004

Electronic Signature of Signing Officer or Director

Date