## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N93000005019



**FILED** Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90208 011 \*\*\*\*61.25

1. Entity Name JAIN CENTER OF SOUTH FLORIDA, INC.									
7801 S.W. 70 ST.		Mailing Address 7801 S.W. 70 ST. MIAMI, FL 33143		,	1   1   1   1   1   1   1   1   1   1	ENEL BRIN ORTH ARTH BRIN BRIN	DL BURT BRUDT TURD TUR	181 B) 1821	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	illing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03072007 Ct	ng-NP CR28	E037 (12/06)		
City & State		City & State			4. FEI Number Applied For 65-0448730 Not Applicate Not Applicate Applied For Not Applicate Applied For Not Applicate Applied For Not Applied F				
Zip	Country	Zip	Country		5. Certificate of Status Desired Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
SHAH, MAHENDRA 7801 S.W. 70 ST. MIAMI, FL 33143				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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	Filing Fee is \$61.25 Due by May 1, 2007		• 9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees  Make check payable to Florida Department of State			
10.	OFFICERS AND D	<del></del>	11.	/	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS	D SHAH, MAHENDRA 7801 S.W. 70 STREET	Delete	TITLE NAME STREET ADDRESS	15		each Islan		Addition	
City-St-ZiP	MIAMI, FL 33143		CITY-ST-ZIP	COR	LAL GARE	ES 1FL 33			
NAME STREET ADDRESS CITY+ST-ZIP	MANIAR, MAYOR 470 SABAL WAY WESTON, FL 33326	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	1278 278 Por	ETA SHAH SI NE 3R IPANO BEI	DSTREET ACH, FL 33	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEHTA, KAN 5804 LENARDO LANE CORAL GABLES, FL 33146	<b>∑</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ን ነን ይ 37፣	EPIKA DA 3 BRIDGI	) LAL	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, SATISH 2781 N.E. 3RD STREET POMPANO BEACH; FL 33062	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1011	YAT SHA O SOUTH ( 1PANO BE	H OCEAN BLVO ACH, FL 3:	□ Change ? PH # & 3 06 2	<b>△</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAKHARIA, VIJAY 9441 N.W. 15TH STREET PLANTATION, FL 33322	' <b>∭</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	81	ASHI JA 17 SW 112 LAMI		☐ Change	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, BINDESH 2800 S.W 193 TERRACE MIRAMAR, FL 33028	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	606	EVAN PYAL I COLLIN! AMI BE	SHA MEHT	Ä	Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR