

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90045 044 \*\*\*\*70.00

<b>DOCUMENT # N94000000067</b> 1. Entity Name <b>DEV NARAYAN MD INDO - US FOUNDATION, INC.</b>					
Principal Place of Business <b>5711 FERRARA DRIVE SARASOTA, FL 34238</b>			Mailing Address <b>5711 FERRARA DRIVE SARASOTA, FL 34238</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0470970</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>NARAYAN, DEV M.D. 5711 FERRARA DRIVE SARASOTA, FL 34238</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>NARAYAN, DEV M.D.</b> <b>5711 FERRARA DR</b> <b>SARASOTA, FL 34238</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>NARAYAN, GEETHA</b> <b>5711 FERRARA DR</b> <b>SARASOTA, FL 34238</b> <input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<b>NARAYAN, GEETHA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8-OCCAN DYVE,</b> <b>PUNTA GORDA, FL 33950</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LORICCO, CARLO</b> <b>3005 CARING WAY</b> <b>PORT CHARLOTTE, FL 33952</b> <input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<b>LORICCO, CARLO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4161 TAMAMI TRAIL -501</b> <b>PORT CHARLOTTE, FL 33952</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>NARAYAN, PARWATHY MD</b> <b>5711 FERRARA DR.</b> <b>SARASOTA, FL 34238</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<b>NARAYAN, ROJA, MD.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>8-OCCAN DRIVE,</b> <b>PUNTA GORDA, FL 33950</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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.					
<b>SIGNATURE:</b>			<b>Jan 30-08</b> <b>941-922-5364</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		