

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000067

FILED
Feb 23, 2009
Secretary of State

Entity Name: DEV NARAYAN MD INDO - US FOUNDATION, INC.

Current Principal Place of Business:

5711 FERRARA DRIVE
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

5711 FERRARA DRIVE
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 65-0470970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NARAYAN, DEV M.D.
5711 FERRARA DRIVE
SARASOTA, FL 34238 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: P () Delete
Name: NARAYAN, DEV M.D.
Address: 5711 FERRARA DR
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: NARAYAN, GEETHA
Address: 8-OCEAN DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: LORICCO, CARLO
Address: 4161 TAMiami TRAIL-501
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: NARAYAN, PARWATHY MD
Address: 5711 FERRARA DR.
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: NARAYAN, ROJA M.D.
Address: 8-OCEAN DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

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:

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 exemption stated 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 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: DEV NARAYAN, M.D.

PRES

02/23/2009

Electronic Signature of Signing Officer or Director

Date