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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003275 (3)

1. Corporation Name
INDIAN ASSOCIATION OF POLK COUNTY, INC.

Principal Place of Business	Mailing Address
4723 HIGHLANDS PLACE DR. LAKELAND FL 33801 US	P.O. BOX 7181 LAKELAND FL 33807-7181 US

3. Date Incorporated or Qualified: 07/05/1995
3a. Date of Last Report: 06/20/1996

2. Principal Place of Business
21 2127EDGEWATER CR. S.E
Suite, Apt. #, etc. 22
City & State 23 WINTER HAVEN,FL
Zip 24 33880 Country 25 POLK

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3327187 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MR. C. N. PATEL
4723 HIGHLANDS PLACE DR.
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name: JITU MEHTA,M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2127 EDGEWATER CIRCLE S.E.
84 City: WINTER HAVEN **FL** 85 Zip Code: 33880

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ 4-18-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	03	☐ Change ☒ Addition
NAME	MR. C. N. PATEL		1.2 NAME	MR, SHAILESH K.	
STREET ADDRESS	4723 HIGHLANDS PLACE DR.		1.3 STREET ADDRESS	3098 STEEPLE CHASE DR.	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	LAKELAND,FL33813	
TITLE	VP	☒ DELETE	2.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	MR. HASHMUKH M. PATEL		2.2 NAME	JITU MEHTA,M.D.	
STREET ADDRESS	1702 HWY 92 WEST		2.3 STREET ADDRESS	2127 EDGEWATER CIRCLE. S.E.	
CITY-ST-ZIP	AUBURNDALE FL		2.4 CITY-ST-ZIP	WINTERHAVEN,FL33880	
TITLE	S	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	BHAGUBHAI D. PATEL		3.2 NAME	PATEL,BHUPENDRA M.	
STREET ADDRESS	2645 SUMMITVIEW DR.		3.3 STREET ADDRESS	3205 SMOKE SIGNAL CR.	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	KISSIMMEE,FL34746	
TITLE	T	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	NATWAR N. PATEL		4.2 NAME	PATEL,NAVINBHAI U.	
STREET ADDRESS	810 HINSON AVE.		4.3 STREET ADDRESS	4703 KIMBALL COURT WEST	
CITY-ST-ZIP	HAINES CITY FL		4.4 CITY-ST-ZIP	LAKELAND,FL33813	
TITLE	T	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	NAVINBHAI U. PATEL ,		5.2 NAME	PATEL,ASHWIN H.	
STREET ADDRESS	4703 KIMBALL CT.		5.3 STREET ADDRESS	744 SCOTT LAKE VILLAGE N.	
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	LAKELAND,FL 33813	
TITLE	D	☒ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME	KAMAL PATEL		6.2 NAME	PATEL, KAMAL R. 12	
STREET ADDRESS	5435 HIGHLAND VISTA CR.		6.3 STREET ADDRESS	5435 HIGHLANDS VISTA CR.	
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP	LAKELAND,FL33813	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

JITU MEHTA,M.D.

SIGNATURE: _____ 4-18-97 (941)293-3707