2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N97000001227

Entity Name: PALM BEACH INDIA MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

8480 MAN O WAR RD.
WEST PALM BEACH, FL 33418

New Principal Place of Business:

Current Mailing Address:

8480 MAN O WAR RD.
WEST PALM BEACH, FL 33418

New Mailing Address:

FEI Number: 65-0735580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAJPARA, SURESH P
8480 MAN O WAR RD.
WEST PALM BEACH, FL 33418 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: PD ( ) Delete
Name: RAJPARA, SURESH MD
Address: 8480 MAN O WAR ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VPD ( ) Delete
Name: VENUGOPAL, CHANDRA MD
Address: 12989 SOUTHERN BLVD
City-St-Zip: WEST PALM BEACH, FL 33470

Title: TD ( ) Delete
Name: SURESH, SHAH MD
Address: 24 DUNBAR ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SD ( ) Delete
Name: KHAMBHATI, RAJNI MD
Address: 2135 S. CONGRESS AVE
City-St-Zip: WEST PALM BEACH, FL 33460

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:

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: SURESH P. RAJPARA M.D. 02/10/2009

Electronic Signature of Signing Officer or Director — Date