2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2010
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
Name: RAJPARA, SURESH MD
Address: 8480 MAN O WAR ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SURESH P. RAJPARA PRES 03/31/2010
Electronic Signature of Signing Officer or Director Date