

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003342

FILED
Apr 27, 2005
Secretary of State

Entity Name: BREVARD INDO-AMERICAN MEDICAL & DENTAL ASSOCIATION INC.

Current Principal Place of Business:

2186 HARRIS AVENUE NE
SUITE 2
PALM BAY, FL 32905

New Principal Place of Business:

2555 W. NEW HAVEN AVENUE
MELBOURNE, FL 32904

Current Mailing Address:

2717 N WICKHAM RD
STE 3
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-3576907 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DINHO, ELAINE B
2717 N WICKHAM RD STE 3
MELBOURNE, FL 32935 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: COOPER, HOMI MD
Address: 1341 MEDICAL PARK DRIVE, #201
City-St-Zip: MELBOURNE, FL 32952

Title: PE () Delete
Name: KARIM, ABDUL MD
Address: 548 BARTON BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Delete
Name: VYAS, SHARAD MD
Address: 2186 HARRIS AVENUE NE, #2
City-St-Zip: PALM BAY, FL 32905

Title: T () Delete
Name: SAINI, DALJIT MS
Address: 2370 TREETOP COURT
City-St-Zip: MELBOURNE, FL 32934

Title: ED () Delete
Name: KURIAN, GLADWYN
Address: 150 W. UNIVERSITY BLVD, FIT POB 6087
City-St-Zip: MELBOURNE, FL 329016982

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KARIM, ABDUL MD
Address: 548 BARTON BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: PE (X) Change () Addition
Name: SHAH, ASHOK MD
Address: 3808 S. HOPKINS AVENUE
City-St-Zip: TITUSVILLE, FL

Title: VP (X) Change () Addition
Name: PALANIYANDI, RAVINDRAN MD
Address: 7139 N. HIGHWAY 1
City-St-Zip: PORT ST JOHN, FL

Title: T (X) Change () Addition
Name: KOPURI, RAO DDS
Address: 2555 W. NEW HAVEN AVENUE
City-St-Zip: MELBOURNE, FL 32904

Title: ED (X) Change () Addition
Name: KURIAN, GLADWYN
Address: 150 W. UNIVERSITY BLVD, FIT POB 6087
City-St-Zip: MELBOURNE, FL 32901

Title: S () Change (X) Addition
Name: DESAI, MINAL MD
Address: 310 NORMANDY DRIVE
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAO KOPURI

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04/27/2005

Electronic Signature of Signing Officer or Director

Date