

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003342

FILED
Apr 28, 2006
Secretary of State

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

Current Principal Place of Business:

2555 W. NEW HAVEN AVENUE
MELBOURNE, FL 32904

New Principal Place of Business:

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: KARIM, ABDUL MD
Address: 548 BARTON BLVD
City-St-Zip: ROCKLEDGE, FL 32955

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: DESAI, RAJESH MD
Address: 2290 W EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32935

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

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MITRA, SUDESHNA MD
Address: 240 N WICKHAM ROAD
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the 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: N RAO KOPURI

T

04/28/2006

Electronic Signature of Signing Officer or Director

Date