

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003342

FILED
Apr 28, 2008
Secretary of State

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

Current Principal Place of Business:

1764 PALM BAY ROAD
PALM BAY, FL 32905

New Principal Place of Business:

830 EXECUTIVE LANE
150
ROCKLEDGE, FL 32955

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: P () Delete
Name: PALANIYANDI, RAVI MD
Address: 7139 N HWY US 1
City-St-Zip: PORT ST JOHN, FL 32927

Title: VP () Delete
Name: BALAJI, GOBIVENKATA MD
Address: 930 S HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: S () Delete
Name: MITRA, SUE MD
Address: 240 N. WICKHAM ROAD
City-St-Zip: MELBOURNE, FL 32901

Title: T () Delete
Name: REGE, SUBHASH MDS
Address: 1764 PALM BAY ROAD
City-St-Zip: PALM BAY, FL 32905

Title: ED () Delete
Name: KURIAN, GLADWYN
Address: 371 NEPTUNE DRIVE NE
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PANDYA, SUMANT MD
Address: 830 EXECUTIVE LANE, SUITE 150
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP (X) Change () Addition
Name: MITRA, SUDESHNA MD
Address: 240 N. WICKHAM ROAD
City-St-Zip: MELBOURNE, FL 32901

Title: S (X) Change () Addition
Name: KUNDUMADATHIL, JAY MD
Address: 3830 HIGHWAY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T (X) Change () Addition
Name: REGE, SUBHASH MDS
Address: 1764 PALM BAY ROAD
City-St-Zip: PALM BAY, FL 32905

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: GLADWYN KURIAN

ED

04/28/2008

Electronic Signature of Signing Officer or Director

Date