

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003342

FILED
Apr 29, 2010
Secretary of State

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

Current Principal Place of Business:

4651 W. EAU GALLIE BLVD
13
MELBOURNE, FL 32934 US

New Principal Place of Business:

1344 S. APOLLO BLVD
MELBOURNE, FL 32901 US

Current Mailing Address:

2717 N WICKHAM RD
STE 3
MELBOURNE, FL 32935 US

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
Name: PATEL, JASHBHAI MD
Address: 1344 S. APOLLO BLVD
City-St-Zip: MELBOURNE, FL 32901 US

Title: VP
Name: KOPURI, N. RAO MD
Address: 780 E. MERRITT ISLAND CAUSEWAY
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: S
Name: PATEL, BHASKER MD
Address: 730 MALABAR ROAD
City-St-Zip: MALABAR, FL 32950 US

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

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: JASHBHAI PATEL

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date