2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003342

FILED Apr 06, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1344 S. APOLLO BLVD C/O MAHESH SONI,2194 HWA A1A MELBOURNE, FL 32901 US

#201

INDIAN HARBOUR BEACH, FL 32937 US

Current Mailing Address: New Mailing Address:

US

2717 N WICKHAM RD C/O MAHESH SONI,2194 HWA A1A STE 3

INDIAN HARBOUR BEACH, FL 32937 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DINHO, ELAINE B SONI, MAHESH M M.D. 2717 N WICKHAM RD STE 3 2194 HWA A1A

MELBOURNE, FL 32935 #201 INDIAN HARBOUR BEACH, FL 32937 US

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: MAHESH M.SONI 04/06/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

MELBOURNE, FL 32935

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

Title:

Name: KOPURI, N. RAO MD

Address: 780 E. MERRITT ISLAND CAUSEWAY City-St-Zip: MERRITT ISLAND, FL 32952 US

Title:

SHANKAR, RAVI MD Name: Address: 1430 PINE ST

City-St-Zip: MELBOURNE, FL 32901 US

Title:

Name: REGE, SUBHASH MDS 1764 PALM BAY ROAD Address: 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: MAHESH M.SONI BOD 04/06/2011