2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 25, 2004 8:00 am
Secretary of State
04-28-2004 90174 024 ****61.25

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04162004 Chg-NP CR2E037 (10/03)

DOCUMENT # N99000007245

1. Entity Name
VEDIC CULTURAL SOCIETY, INC.

Principal Place of Business	Mailing Address
781 HIDDEN RIVER DR PORT SAINT LUCIE, FL 34983	781 HIDDEN RIVER DR PORT SAINT LUCIE, FL 34983

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0967490 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AGGARWAL, DARSHAN 781 HIDDEN RIVER DR PORT SAINT LUCIE, FL 34983	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TP NAYER, SUDHIR MD 781 HIDDEN RIVER DR PORT SAINT LUCIE, FL 34983	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AGGARWAL DARSHAN 781 Hidden River Dr Port St Lucie, FL 34983	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TP CHALASANI, PARASAD MD 781 HIDDEN RIVER DR PORT SAINT LUCIE, FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TP AGGARWAL, DARSHAN MD 781 HIDDEN RIVER DR PORT SAINT LUCIE, FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WALIA, SANJIVE MD 781 HIDDEN RIVER DR PORT SAINT LUCIE, FL 34983	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dr Ramesh Kumar MD 604 W. Midway Rd Ft Pierce, FL 34982	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT PATEL, DEVANG MD 781 HIDDEN RIVER DR PORT SAINT LUCIE, FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dr Subramanium MD 2215 Nebraska, Suite E Ft Pierce, FL 34950	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NAYYER, RAMESH 781 HIDDEN RIVER DR PORT SAINT LUCIE, FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Darshan Aggarwal 4/19 772-485-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #