

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007245

FILED  
Feb 07, 2006  
Secretary of State

Entity Name: VEDIC CULTURAL SOCIETY, INC.

## Current Principal Place of Business:

781 HIDDEN RIVER DR  
PORT SAINT LUCIE, FL 34983

## New Principal Place of Business:

## Current Mailing Address:

781 HIDDEN RIVER DR  
PORT SAINT LUCIE, FL 34983

## New Mailing Address:

FEI Number: 65-0967490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AGGARWAL, DARSHAN  
781 HIDDEN RIVER DR  
PORT SAINT LUCIE, FL 34983 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: TP ( ) Delete  
Name: MAS, SNBRAMENUM  
Address: 2215 NEBRASKA SUITE 1E  
City-St-Zip: FORT PIERCE, FL 34950

Title: TP ( ) Delete  
Name: CHALASANI, PARASAD MD  
Address: 781 HIDDEN RIVER DR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TP ( ) Delete  
Name: AGGARWAL, DARSHAN MD  
Address: 781 HIDDEN RIVER DR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: S ( ) Delete  
Name: WALIA, SANJIVE MD  
Address: 781 HIDDEN RIVER DR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TT ( ) Delete  
Name: PATEL, DEVANG MD  
Address: 781 HIDDEN RIVER DR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T ( ) Delete  
Name: NAYYER, RAMESH  
Address: 604 W. MIDWAY RD  
City-St-Zip: FORT PIERCE, FL 34982

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: DARSHAN AGGARWAL, MD

PRES

02/07/2006

Electronic Signature of Signing Officer or Director

Date