2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018608

727 S FEDERAL HWY

LAKE WORTH, FL 33460

Address: City-St-Zip:

FILED Mar 25, 2009 Secretary of State

Entity Nam	ie: TULSIKRU	IPA OF PALM BEACH INC.			
Current Principal Place of Business:			New Principal Place o	f Business:	
727 S FEDE LAKE WOR	ERAL HWY RTH, FL 33460	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
727 S FEDE LAKE WOR	ERAL HWY PTH, FL 33460	US			
FEI Number:	36-4524419	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PATEL, AN 727 S FEDE LAKE WOR		US	PATEL, DHARMENDRA 727 S FEDERAL HWY LAKE WORTH, FL 334		
The above in the State		bmits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: DHARMENDRA PATEL				03/25/2009	
Electronic Signature of Registered Agent			t	Date	
Election Cam	paign Financing 1	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () D PATEL, ANAND 1503 BELVEDER WEST PALM BEA	E ROAD	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D () D PATEL, DHARME 727 S FEDERAL LAKE WORTH, FI	NDRA R HWY	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name:	D ()D PATEL, SWATI D	elete	Title: (Name:) Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DHARMENDRA PATEL **OFFI** 03/25/2009