

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011437

**Entity Name:** NAVAJEEVAN EYE CARE TRUST USA, INC.

**FILED**  
**Jan 15, 2022**  
**Secretary of State**  
**1886312826CC**

**Current Principal Place of Business:**

3800 GALT OCEAN DRIVE  
APARTMENT 601  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

3800 GALT OCEAN DRIVE  
APARTMENT 601  
FORT LAUDERDALE, FL 33308 US

**FEI Number:** 27-1448779

**Certificate of Status Desired:** No

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

CHITTIPEDDI, KUMAR  
3800 GALT OCEAN DRIVE  
601  
FORT LAUDERDALE, FL 33308 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name ACHARYA, K. SRIDHAR  
Address NAVAJEEVAN BLIND RELIEF CENTER  
TIRUCHANOOR  
City-State-Zip: TIRUPATI ANDHRA PRADESH  
517503

Title SD  
Name CHITTIPEDDI, KUMAR  
Address 3800 GALT OCEAN DRIVE  
APARTMENT 601  
City-State-Zip: FORT LAUDERDALE FL 33308

Title TD  
Name CHITTIPEDDI, SAILESH  
Address 4989 SHILOH PLACE  
City-State-Zip: SAN JOSE CA 95138

Title DIRECTOR  
Name MANTHA, VENKAT  
Address 24122 PORTE TOSCANA LANE  
City-State-Zip: RICHMOND TX 77406

*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:** KUMAR CHITTIPEDDI

**SD**

**01/15/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date