

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011437

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

**Current Principal Place of Business:**

2050 IOWA AVENUE NE  
ST. PETERSBURG, FL 33703

**Current Mailing Address:**

204 37TH AVENUE N.  
#351  
ST. PETERSBURG, FL 33704

**FEI Number:** 27-1448779

**Certificate of Status Desired:** No

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

CHITTIPEDDI, KUMAR  
2050 IOWA AVENUE NE  
ST. PETERSBURG, FL 33703 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 204 37TH AVENUE N. #351  
City-State-Zip: ST. PETERSBURG FL 33704

Title TD  
Name CHITTIPEDDI, SAILESH  
Address 13292 CORDERO  
City-State-Zip: TUSTIN CA 92782

Title MR  
Name CLASTER, JAY  
Address 519 CRICKLEWOOD DRIVE  
City-State-Zip: STATE COLLEGE PA 16803

Title MR  
Name FIORENZANO, ARTHUR  
Address 15 BLUEBERRY LANE  
City-State-Zip: JAMESTOWN RI 02835

*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

01/09/2014

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

\_\_\_\_\_  
Date