

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008070

**Entity Name:** INDIAN NURSES ASSOCIATION OF SOUTH FLORIDA INC

**Current Principal Place of Business:**

8305 PHONICIAN CT  
DAVIE, FL 33328

**Current Mailing Address:**

8305 PHONICIAN CT  
DAVIE, FL 33328 US

**FEI Number:** 26-2135684

**Certificate of Status Desired:** No

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

VARKEY , BABY  
15800 PINES BLVD  
SUITE 302  
PEMBROKE PINES, FL 33027 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:** BABY VARKEY

03/26/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name KUTTIYANI, ALISHA  
Address 8305 PHONICIAN CT  
City-State-Zip: DAVIE FL 33328

Title S  
Name JOHNSON, SHEELA  
Address 15120 SW 159CT  
City-State-Zip: MIAMI FL 33196

Title TREASURER  
Name BERNARD, AMMAL  
Address 14401 SW 97TH AVE  
City-State-Zip: MIAMI FL 33176

*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:** SHEELA JOHNSON

SECRETARY

03/26/2017

Electronic Signature of Signing Officer/Director Detail

Date