

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004384

Entity Name: MAHESHWAR CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**2370 TREETOP CT
MELBOURNE, FL 32934**Current Mailing Address:**4107 SPARROW HAWK RD
MELBOURNE, FL 32934 US**FEI Number: 59-3405967****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KAPOOR, SHEILA S
4107 SPARROW HAWK RD
MELBOURNE, FL 32934 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 D
Name KAPOOR, K DEEPAK PH. D.
Address 4107 SPARROW HAWK RD
City-State-Zip: MELBOURNE FL 32934Title D
Name SAINI, DALJIT SMS DABR
Address 2370 TREETOP CT
City-State-Zip: MELBOURNE FL 32934Title D
Name BANSAL, PARVESH MD
Address 1400 PINE ST.
City-State-Zip: MELBOURNE FL 32901Title D
Name KAPOOR, SHEILA S
Address 4107 SPARROW HAWK RD
City-State-Zip: MELBOURNE FL 32934Title D
Name KUSHNER, HAROLD MD
Address 2910 RIVER POINT DR
City-State-Zip: DAYTONA BEACH FL 32118Title D
Name CHARLES, SILAS MD
Address CANCER CARE CENTER, 1430 S PINE ST.
City-State-Zip: MELBOURNE FL 32901

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: SHEILA S. KAPOOR**CHAIRMAN****02/09/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date