


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000005653**

1. Entity Name  
**BAPS MEDICAL SERVICES, INC.**



Principal Place of Business  
**11321 WEBB CHAPEL RD.  
 DALLAS, TX 75229**

Mailing Address  
**11321 WEBB CHAPEL RD.  
 DALLAS, TX 75229**



01062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-3432112**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TAILOR, PRAKASH  
 1325 WEST OAKRIDGE RD.  
 ORLANDO, FL 32809**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

U00000145321  
 05/03/04-80021-004 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C PATEL, N.A. MD 11321 WEBB CHAPEL RD. DALLAS, TX 75229
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC BHATT, HARSHAD MD 51 HOMEWOOD PLACE MANHASSET, NY 11030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAVDA, JAY MD 42 DUPONT CIRCLE SUGARLAND, TX 77479
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAYLOR, PRAKASH 1325 WEST OAKRIDGE RD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** N.A. Patel **1/7/2004.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

N. A. Patel, M.D.