

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2006
Secretary of State

DOCUMENT# F02000005653

Entity Name: BAPS MEDICAL SERVICES, INC.

Current Principal Place of Business:

195 MAIN STREET
SUITE 301
METUCHEN, NJ 08840

New Principal Place of Business:

81 SUTTONS LANE
PISCATAWAY, NJ 08854

Current Mailing Address:

195 MAIN STREET
SUITE 301
METUCHEN, NJ 08840

New Mailing Address:

81 SUTTONS LANE
PISCATAWAY, NJ 08854

FEI Number: 11-3432112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, SHAILESH
541 SOUTH EAST 18TH AVENUE
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATEL, MAHENDRA MD
Address: 197 SPRAIN ROAD
City-St-Zip: SCARSDALE, NY 10583

Title: VD () Delete
Name: DAVE, MAHESH MD
Address: 1007 CARMEL PLACE
City-St-Zip: COLLEGE STATION, TX 77845

Title: STD () Delete
Name: PATEL, HARSHAD MD
Address: 5001 SECLUDED DR
City-St-Zip: MARIETTA, GA 30068

Title: D () Delete
Name: PATEL, SUBHASH MD
Address: 6424 ST. JAMES CT
City-St-Zip: BURR RIDGE, IL 60527

Title: D () Delete
Name: PATEL, KASHYAP MD
Address: 956 CASTLEMAINE DR
City-St-Zip: BIRMINGHAM, AL 35226

Title: CEO (X) Delete
Name: PATEL, KANU I
Address: 195 MAIN STREET, SUITE 301
City-St-Zip: METUCHEN, NJ 08840

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAHENDRA PATEL

PD

02/11/2006

Electronic Signature of Signing Officer or Director

Date