

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Oct 26, 2009  
Secretary of State

DOCUMENT# F99000000482

Entity Name: CHRISTIAN CANCER CENTRE OF KAKINADA INDIA, INC.

**Current Principal Place of Business:**

2861 LOCKSLEY RD  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

2861 LOCKSLEY RD  
MELBOURNE, FL 32935

**New Mailing Address:**

FEI Number: 36-3388950      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

FIOL, MARTA M  
2861 LOCKSLEY RD.  
MELBOURNE, FL 32935      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: MARTA M. FIOL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCD      ( ) Delete  
Name: FIOL, MARTA M  
Address: 2861 LOCKSLEY RD.  
City-St-Zip: MELBOURNE, FL

Title: VD      ( ) Delete  
Name: FIOL, JUAN L  
Address: 2861 LOCKSLEY RD.  
City-St-Zip: MELBOURNE, FL

Title: SD      ( ) Delete  
Name: SULLIVAN, PETER  
Address: 230 S MARCO WAY  
City-St-Zip: SATELLITE BEACH, FL

Title: T      ( ) Delete  
Name: RAPAKA, SAMPRASAD  
Address: 1216 CIMARRON CIRCLE N.E.  
City-St-Zip: PALM BAY, FL

Title: D      ( ) Delete  
Name: LIND, CARL E  
Address: 1016 WINTHROP LANE  
City-St-Zip: ROCKFORD, IL

Title: D      ( ) Delete  
Name: SWENSON, CARL  
Address: 911 CHELSEA AVE  
City-St-Zip: ROCKFORD, IL

**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  
Name:  
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 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: MARTA M. FIOL

Electronic Signature of Signing Officer or Director

PCD

10/26/2009

Date