

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

**FILED  
Apr 06, 2004  
Secretary of State**

DOCUMENT# N03000005490

**Entity Name:** THE 1948 SOCIETY OF THE UNIVERSITY OF THE WEST INDIES MEDICAL ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

1849 MEDICAL DR  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

1849 JESS PARRISH COURT  
TITUSVILLE, FL 32796

**Current Mailing Address:**

1849 MEDICAL DR  
TITUSVILLE, FL 32796

**New Mailing Address:**

1849 JESS PARRISH COURT  
TITUSVILLE, FL 32796

FEI Number: 58-2676831      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BOODHOO, VICTOR R M.D.  
1849 MEDICAL DR  
TITUSVILLE, FL 32796

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

BOODHOO, VICTOR R M.D.  
1849 JESS PARRISH COURT  
TITUSVILLE, FL 32796

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: \_\_\_\_\_ Date: 04/06/2004  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MD ( ) Change (X) Addition  
Name: BOODHOO, VICTOR R MD  
Address: 1849 JESS PARRISH COURT  
City-St-Zip: TITUSVILLE, FL 32796 US

Title: MD ( ) Change (X) Addition  
Name: AIRD, CECIL MD  
Address: 13905 BRUCE B. DOWNS BLVD  
City-St-Zip: TAMPA, FL 33613 US

Title: MD ( ) Change (X) Addition  
Name: KIRWAN, NOVELLE MD  
Address: 2910 WHITTINGTON PLACE  
City-St-Zip: TAMPA, FL 33618 US

Title: MD ( ) Change (X) Addition  
Name: MARKUCK, DAVID MD  
Address: 105 COBLE COURT  
City-St-Zip: LONGWOOD, FL 32779 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VICTOR R. BOODHOO MD      MD      04/06/2004  
Electronic Signature of Signing Officer or Director      Date