

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 28, 2006  
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 JESS PARRISH COURT  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

1849 JESS PARRISH COURT  
TITUSVILLE, FL 32796

**New Mailing Address:**

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

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

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

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

**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:

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: VICTOR R. BOODHOO MD

MD

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date