

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005490

**FILED**  
**Feb 05, 2015**  
**Secretary of State**  
**CC9660303140**

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

**Current Principal Place of Business:**

3952 RAMBLING ACRES DRIVE  
TITUSVILLE, FL 32796

**Current Mailing Address:**

3952 RAMBLING ACRES DRIVE  
TITUSVILLE, FL 32796

**FEI Number: 58-2676831**

**Certificate of Status Desired: No**

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

BOODHOO, VICTOR R.M.D.  
3952 RAMBLING ACRES DRIVE  
TITUSVILLE, FL 32796 US

*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

**Officer/Director Detail :**

Title MD  
Name BOODHOO, VICTOR RMD  
Address 3952 RAMBLING ACRES DRIVE  
City-State-Zip: TITUSVILLE FL 32796

Title MD  
Name AIRD, CECIL MD  
Address 13905 BRUCE B. DOWNS BLVD  
City-State-Zip: TAMPA FL 33613

Title MD  
Name MARKUCK, DAVID MD  
Address 105 COBLE COURT  
City-State-Zip: LONGWOOD FL 32779

*I hereby 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 all other like empowered.*

SIGNATURE: VICTOR R. BOODHOO MD

REGISTERED AGENT

02/05/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date