

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002690

FILED  
May 13, 2009  
Secretary of State

**Entity Name:** THE LUDHIANA CHRISTIAN MEDICAL COLLEGE BOARD, U.S.A., INC.

**Current Principal Place of Business:**

7328 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32417

**New Principal Place of Business:**

8317 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32407

**Current Mailing Address:**

PO BOX 9583  
PANAMA CITY BEACH, FL

**New Mailing Address:**

**FEI Number:** 13-1995940      **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:**

JONES, ROBERTA K  
7328 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32417      US

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

JONES, ROBERTA K  
8317 FRONT BEACH ROAD  
PANAMA CITY BEACH, FL 32407      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: \_\_\_\_\_

05/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CP      ( ) Delete  
Name: BARBO, DOROTHY MD  
Address: 5817 ROYAL OAK DRIVE NE  
City-St-Zip: ALBUQUERQUE, MN 87111

Title: V      ( ) Delete  
Name: DUERKSEN, JOSEPH MD  
Address: 4407 W 54TH TERRACE  
City-St-Zip: SHAWNEE MISSION, KS 66205

Title: D      ( ) Delete  
Name: JONES, ROBERTA K REV.  
Address: 104 CAPE COD DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL

Title: D      ( ) Delete  
Name: LEGHA, SEWA MD  
Address: 8501 HAWAII LANE  
City-St-Zip: HOUSTON, TX 77040

Title: S      ( ) Delete  
Name: FRISHMUTH, GERTRUDE MD  
Address: 5817 ROYAL OAK DR NE  
City-St-Zip: ALBUQUERQUE, NM 87111

**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:

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: ROBERTA K. JONES

REV

05/13/2009

Electronic Signature of Signing Officer or Director

Date