

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000002690

FILED
Feb 11, 2011
Secretary of State

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

Current Principal Place of Business:

8317 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

Current Mailing Address:

PO BOX 9583
PANAMA CITY BEACH, FL

New Mailing Address:

PO BOX 9583
PANAMA CITY BEACH, FL 32417

FEI Number: 13-1995940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: D
Name: JONES, ROBERTA K REV.
Address: 104 CAPE COD DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32407

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

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

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: ROBERTA K. JONES

REV.

02/11/2011

Electronic Signature of Signing Officer or Director

Date