

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-26-2001 90071 023 ****61.25

DOCUMENT # N00000000253

1. Entity Name

KUTTANAD MEDICAL SERVICE DEVELOPMENT FUND, INC.

Principal Place of Business

**2600 NE 14TH STREET CAUSEWAY
POMPAÑO BEACH FL 33062**

Mailing Address

**2600 NE 14TH STREET CAUSEWAY
POMPAÑO BEACH FL 33062**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0982688

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MACLEAN, LAURA G ESQ.
2600 NE 14TH STREET CAUSEWAY
POMPAÑO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARAPPALLY, FR J	
STREET ADDRESS	731 N. OCEAN BOULEVARD	
CITY-ST-ZIP	POMPAÑO BEACH FL 33062	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SR. ROSEKATE S.A.B.S.	
STREET ADDRESS	KOOTHAPPALLY KOTTAYAM DISTRICT	
CITY-ST-ZIP	KERALA STREET INDIA	

TITLE	VD	<input type="checkbox"/> Delete
NAME	KILIROOR, FR M	
STREET ADDRESS	FORCHHEIMER STRASSE-25D-91083	
CITY-ST-ZIP	BAIERSDORF WEST GERMANY	

TITLE	S	<input type="checkbox"/> Delete
NAME	SR. EMILIN VADAKARA S.A.B.S.	
STREET ADDRESS	AMELIEN STRASSE 90419	
CITY-ST-ZIP	NURENBERG WEST GERMANY	

TITLE	T	<input type="checkbox"/> Delete
NAME	SR. ANNY GRACE S.A.B.S.	
STREET ADDRESS	KOOTHAPPALLY KOTTAYAM DISTRICT	
CITY-ST-ZIP	KERALA STATE INDIA	

TITLE	C	<input type="checkbox"/> Delete
NAME	SR. ROSALINE S.A.B.S.	
STREET ADDRESS	CHANGANACHERRY	
CITY-ST-ZIP	KERALA STATE INDIA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Parappally* **JAMES PARAPPALLY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March, 23, 2001

954-943-9684

CR2E037 (10/00)