2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000000253 1. Entity Name

KUTTANAD MEDICAL SERVICE DEVELOPMENT FUND, INC.

2600 NE 14TH STREET CAUSEWAY POMPANO BEACH FL 33062

Principal Place of Business

Mailing Address

2600 NE 14TH STREET CAUSEWAY POMPANO BEACH FL 33062

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

FILED Aug 21, 2002 8:00 am Secretary of State

08-21-2002 90049 045 ****61.25



DO NOT WRITE IN THIS SPACE

City & State		City & State			4. FEI Number	Applied For		
<u> </u>					65-0982688		Not Applicable	
Zip	Country	Žip	Country		5. Certificate of Status Desired	i. Certificate of Status Desired 🔲 🖁		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				-Name				
			1					
MACLEAN, LAURA G ESQ. 2600 NE 14TH STREET CAUSEWAY POMPANO BEACH FL 33062			Street Address (P.O. Box Number is Not Acceptable)					
			City	Ý	FL	Zip Code		
	amed entity submits this statemen ns of registered agent.	t for the purpose of chang	ing its registere	ed office or reg	stered agent, or both, in the State of Florid	a. I am fa	miliar with, and accept	
SIGNATURE								
Si	gnature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registered	l Agent signature red	quired when reinstating)	DATE		

After September 13, 2002, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

	min. will be \$236.25.	mastrana oc	naibuton.	Added to Fees	Department of State	•		
10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	PD	☐ Delete	TITLE		☐ Change	Addition		
NAME	PARAPALLY, FR J		NAME					
STREET ADDRESS	731 N. OCEAN BOULEVARD		STREET ADDRESS	<u>;</u>				
CITY-ST-ZIP	POMPANO BEACH FL 33062	/	CITY-ST-ZIP					
TITLE	VD	Delete	TITLE	VICE PRES		☐ Addition		
NAME	SR. ROSEKATE S.A.B.S.		NAME	FR. JOSEPH A	COTTAYIL			
STREET ADDRESS	KOOTHRAPPALLY KOTTAYAM DISTRICT		STREET ADDRESS	9200 SW2 107				
City-St-Zip	KERALA STREET INDIA		CITY-ST-ZIP	MIAMI, FL 33				
TITLE	VD	Delete	TITLE	SECRETARY	Chagge	☐ Addition		
NAME	KILIROOR, FR M		NAME	DOROTHY JE	NSEN			
STREET ADDRESS	FORCHHEIMER STRASSE-25D-91083		STREET ADDRESS	2731 NE 145	7. #30L			
CITY-ST-ZIP	BAIERSDORF WEST GERMANY	/	CITY-ST-ZIP	POMPANO BEAC	H, FL 33042			
TITLE	S	Delete	TITLE	TREASURER	Change	☐ Addition		
NAME	SR. EMILIN VADAKARA S.A.B.S.		NAME	EARL JENSE	FXI _			
STREET ADDRESS	AMELIEN STRASSE 90419		STREET ADDRESS	2731 NE 14 57	. # 302			
CITY-ST-ZIP	NURENBERG WEST GERMANY	/	CITY-ST-ZIP	POMPANO BEA	CH, FL 33062	-		
TITLE	T	Delete	TITLE	DIRECTOR	Change	☐ Addition		
NAME	SR. ANNY GRACE S.A.B.S.		NAME	JOHN CIRIN	(0			
STREET ADDRESS	KOOTHRAPPALLY KOTTAYAM DISTRICT		STREET ADDRESS	1079 HILLS BOK	ROMILE SON # 1			
C/TY-ST-ZIP	KERALA STATE INDIA		CITY-ST-ZIP	HILLSBORD FL	33062			
TITLE	С	Delete	TITLE V	DIRECTOR		☐ Addition		
NAME	SR. ROSALINE S.A.B.S.		NAME	BARBARA CI				
STREET ADDRESS	CHANGANACHERRY		STREET ADDRESS	1079 HILLSBOK	co mile so. #1	ļ		
CITY-ST-ZIP	KERALA STATE INDIA		CITY-ST-ZIP	HILLSBORD, F				
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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:

954-785-8756