2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000000253

1. Entity Name
KUTTANAD MEDICAL SERVICE DEVELOPMENT FUND, INC.

Principal Place of Business	Mailing Address
2600 NE 14TH STREET CAUSEWAY POMPANO BEACH, FL 33062	2600 NE 14TH STREET CAUSEWAY POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

07022004 No Chg-NP CR2E037 (10/03)

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
POMPANO BEACH, FL 33062

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000164812
07/09/04-80006-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PARAPALLY, FR J
STREET ADDRESS	731 N. OCEAN BOULEVARD
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	VP
NAME	KOTTAYIL, JOSEPH FR
STREET ADDRESS	9200 SW 107 AVE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	S
NAME	JENSEN, DOROTHY
STREET ADDRESS	2731 NE 14TH ST #502
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	T
NAME	JENSEN, EARL
STREET ADDRESS	2731 NE 14TH ST #502
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	D
NAME	CIRINO, JOHN
STREET ADDRESS	1079 HILLSBOROMILE S #1
CITY-ST-ZIP	HILLSBORO, FL 33062
TITLE	D
NAME	CIRINO, BARBARA
STREET ADDRESS	1079 HILLSBORO MILE S #1
CITY-ST-ZIP	HILLSBORO, FL 33062

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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: Earl G Jensen EARL G. JENSEN 07/05/04 954-7858756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #