

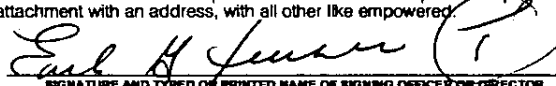


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90113 026 ****61.25

DOCUMENT # N00000000253 1. Entity Name KUTTANAD MEDICAL SERVICE DEVELOPMENT FUND, INC.		
Principal Place of Business 2731 2600 NE 14TH STREET CAUSEWAY POMPAHO BEACH, FL 33062 #502	Mailing Address 2731 2600 NE 14TH STREET CAUSEWAY POMPAHO BEACH, FL 33062 #502	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> MAGLEEN, LAURA G ESQ. 2600 NE 14TH STREET CAUSEWAY POMPAHO BEACH, FL 33062 H. EDWARD JONES CPA 1050 S.W. 23RD AVE. BOYNTON BEACH, FL 33426 </div> <div style="width: 50%; text-align: center;"> <h2>DO NOT WRITE IN THIS SPACE</h2> </div> </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE  </div> <div style="width: 35%; text-align: center;"> H. EDWARD JONES CPA </div> <div style="width: 30%; text-align: right;"> DATE 2/22/06 </div> </div> <p style="font-size: small; margin-top: 5px;"> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) </p>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARAPALLY, FR J 731 N. OCEAN BOULEVARD POMPAHO BEACH, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOTTAYIL, JOSEPH FR 9200 SW 107 AVE MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENSEN, DOROTHY 2731 NE 14TH ST #502 POMPAHO BEACH, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENSEN, EARL 2731 NE 14TH ST #502 POMPAHO BEACH, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIRINO, JOHN 1079 HILLSBOROMILE S #1 HILLSBORO, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIRINO, BARBARA 1079 HILLSBORO MILE S #1 HILLSBORO, FL 33062	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0982688	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

DO NOT WRITE IN THIS SPACE

03-01-06 954-7858756
Date Daytime Phone #