

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N00000000253



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

Principal Place of Business

2600 NE 14TH STREET CAUSEWAY #502 2731 2600 NE 14TH STREET CAUSEWAY #502  
POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062

Mailing Address

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

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



**DO NOT WRITE IN THIS SPACE**

02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0982688	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACLEAN, LAURA G-EGQ  
2600 NE 14TH STREET CAUSEWAY  
POMPANO BEACH, FL 33062  
H. EDWARD JONES CPA  
1050 S.W. 23RD AVE.  
BOYNTON BEACH, FL 33426

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IN THIS SPACE**

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

H. Edward Jones CPA

2/22/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution.  \$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 POMPANO 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 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENSEN, EARL 2731 NE 14TH ST #502 POMPANO 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

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IN THIS SPACE**

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: *Earl H. Jensen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-06 954-785-8756  
Date Daytime Phone #