2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N00000000253

Entity Name: KUTTANAD MEDICAL SERVICE DEVELOPMENT FUND, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0982688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

H. EDWARDS JONES, CPA
1050 SW 23RD AVE
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

H. EDWARD JONES, CPA
1050 SW 23RD AVE
BOYNTON BEACH, FL 33426 US

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: H EDWARD JONES 04/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PARAPALLY, FR J
Address: 5201 N. MILITARY TRAIL
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP ( ) Delete
Name: KOTTAYIL, JOSEPH FR
Address: 9200 SW 107 AVE
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete
Name: JENSEN, DOROTHY
Address: 2731 NE 14TH ST #502
City-St-Zip: POMPANO BEACH, FL 33062

Title: T ( ) Delete
Name: JENSEN, EARL
Address: 2731 NE 14TH ST #502
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: CIRINO, JOHN
Address: 1079 HILLSBOROMILE S #1
City-St-Zip: HILLSBORO, FL 33062

Title: D ( ) Delete
Name: CIRINO, BARBARA
Address: 1079 HILLSBORO MILE S #1
City-St-Zip: HILLSBORO, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL G JENSEN T 04/21/2009
Electronic Signature of Signing Officer or Director Date