

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000253

FILED  
Apr 28, 2010  
Secretary of State

**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:**

2731 NE 14TH ST CAUSEWAY, # 502  
POMPANO BEACH, FL 33062 35

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

**Name and Address of New Registered Agent:**

JONES, HAROLD E  
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: HAROLD EDWARD JONES

04/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: EARL JENSEN

T

04/28/2010

Electronic Signature of Signing Officer or Director

Date