

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003290

FILED
Apr 21, 2004
Secretary of State**Entity Name:** ALUMNI OF THE UNIVERSITIES OF INDIA, HEALTH AND EDUCATIONAL FUND, INC.**Current Principal Place of Business:**120 S.E. 26TH AVENUE
BOYNTON BEACH, FL 33434**New Principal Place of Business:****Current Mailing Address:**120 S.E. 26TH AVENUE
BOYNTON BEACH, FL 33434**New Mailing Address:****FEI Number:** 03-0435643**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MADHAV, HARISH DR.
120 S.E. 26TH AVENUE
BOYNTON BEACH, FL 33434**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DIRE () Delete
Name: KALRA, MINNEA TREASUR
Address: 85 HURON AVE
City-St-Zip: TAMPA, FL 33606**Title:** DIRE () Delete
Name: MADHAV, HARISH T PRESIDE
Address: 2226 SE 2ND STREET
City-St-Zip: BOYNTON BEACH, FL 33435**Title:** DIRE () Delete
Name: JOBANPUTRA, KETAN VICE PR
Address: 1024 E. MEADOW LAKE DRIVE
City-St-Zip: PALATINE, IL 60074**Title:** DIRE () Delete
Name: BHUPATHY, VELLORE SECRETA
Address: 8109 AURORA LANE
City-St-Zip: WHITTIER, CA 90605**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HARISH MADHAV MD

DIR

04/21/2004

Electronic Signature of Signing Officer or Director

Date