

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003290

FILED  
Apr 13, 2008  
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 33435

**New Principal Place of Business:**

**Current Mailing Address:**

2897 SE 1 PLACE  
BOYNTON BEACH, FL 33435

**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.  
2226 SE 2ND TREET  
BOYNTON BEACH, FL 33435 US

**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: GANGOPADHYAY, SUBROTO TREASUR  
Address: 4622 SAINT MICHAEL'S COURT  
City-St-Zip: SUGARLAND, TX 77479

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: 7320 CHESTNUT HILLS DRIVE  
City-St-Zip: BURR RIDGE, IL 60527

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 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: MADHAV HARISH T

DIRE

04/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date