

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003290

FILED  
Apr 08, 2012  
Secretary of State

**Entity Name:** ALUMNI OF THE UNIVERSITIES OF INDIA, HEALTH AND EDUCATIONAL FUND, INC.

**Current Principal Place of Business:**

2226 SE 2ND STREET  
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  
**Name:** GANGOPADHYAY, SUBROTO TREASUR  
**Address:** 4622 SAINT MICHAEL'S COURT  
**City-St-Zip:** SUGARLAND, TX 77479

**Title:** DIRE  
**Name:** MADHAV, HARISH T PRESIDE  
**Address:** 2226 SE 2ND STREET  
**City-St-Zip:** BOYNTON BEACH, FL 33435

**Title:** DIRE  
**Name:** JOBANPUTRA, KETAN VICE PR  
**Address:** 7320 CHESTNUT HILLS DRIVE  
**City-St-Zip:** BURR RIDGE, IL 60527

**Title:** DIRE  
**Name:** BHUPATHY, VELLORE SECRETA  
**Address:** 8109 AURORA LANE  
**City-St-Zip:** WHITTIER, CA 90605

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:** HARISH MADHAV

DIRE

04/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date