

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005490

FILED
Apr 22, 2007
Secretary of State

Entity Name: THE 1948 SOCIETY OF THE UNIVERSITY OF THE WEST INDIES MEDICAL ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

1849 JESS PARRISH COURT
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

1849 JESS PARRISH COURT
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 58-2676831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOODHOO, VICTOR R M.D.
1849 JESS PARRISH COURT
TITUSVILLE, FL 32796 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: MD () Delete
Name: BOODHOO, VICTOR R MD
Address: 1849 JESS PARRISH COURT
City-St-Zip: TITUSVILLE, FL 32796 US

Title: MD () Delete
Name: AIRD, CECIL MD
Address: 13905 BRUCE B. DOWNS BLVD
City-St-Zip: TAMPA, FL 33613 US

Title: MD () Delete
Name: KIRWAN, NOVELLE MD
Address: 2910 WHITTINGTON PLACE
City-St-Zip: TAMPA, FL 33618 US

Title: MD () Delete
Name: MARKUCK, DAVID MD
Address: 105 COBLE COURT
City-St-Zip: LONGWOOD, FL 32779 US

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 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: VICTOR R. BOODHOO MD

MD

04/22/2007

Electronic Signature of Signing Officer or Director

Date