

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000480

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** SOCIETY FOR EDUCATION AND HEALTH INC.

**Current Principal Place of Business:**

300 VILLAGE SQUARE CROSSING, SUITE 104  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

300 VILLAGE SQUARE CROSSING, SUITE 104  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 22-3974660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: DPS ( ) Delete  
Name: MADALA, RAVINDRA  
Address: 300 VILLAGE SQUARE CROSSING, SUITE 104  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DPS ( ) Delete  
Name: KOTA, SUDHA H  
Address: 300 VILLAGE SQUARE CROSSING, SUITE 104  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: KOTA, SMITHA J  
Address: 300 VILLAGE SQUARE CROSSING, SUITE 104  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**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:

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: RAVINDRA MADALA

DPS

04/07/2009

Electronic Signature of Signing Officer or Director

Date