

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90069 012 ****61.25

DOCUMENT # N03000005661

1. Entity Name
CHARAKA HEALTH FOUNDATION, INC.



Principal Place of Business
14134 NEPHRON LN.
HUDSON, FL 34667

Mailing Address
14134 NEPHRON LN.
HUDSON, FL 34667



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0070100

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S ESQ
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SINGH, AJAY
STREET ADDRESS	75 FRANCIS STREET
CITY-ST-ZIP	BOSTON, MA 02115
TITLE	D
NAME	ACHARYA, MURALIDHAR K
STREET ADDRESS	14134 NEPHRON LN.
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	D
NAME	ACHARYA, SRILATHA
STREET ADDRESS	14134 NEPHRON LN.
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-2006

Date

727 863-5418

Daytime Phone #