


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

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
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02082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0070100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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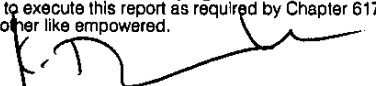
10. OFFICERS AND DIRECTORS

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

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02/21/07-80031-011 61.25

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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:  **Date:** 2/8/07 **Daytime Phone #:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR