



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000005661 1. Entity Name CHARAKA HEALTH FOUNDATION, INC.	
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Principal Place of Business 14134 NEPHRON LN. HUDSON, FL 34667	Mailing Address 14134 NEPHRON LN. HUDSON, FL 34667
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**DO NOT WRITE IN THIS SPACE**



03262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0070100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 reappointing) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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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U00000897931  
 04/25/08-80068-007 61.25

**DO NOT WRITE 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:  4-8-08 727 863-5418  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #