

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007102

FILED
Apr 26, 2007
Secretary of State

Entity Name: REACH OUT AND READ FLORIDA, INC.

Current Principal Place of Business:

551 S.E. 8TH STREET
SUITE 505
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

551 S.E. 8TH STREET
SUITE 505
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 20-3136582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERSON, REGINA
551 S.E. 8TH STREET
SUITE 505
DELRAY BEACH, FL 33483 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: CHR () Delete
Name: SANDERS, LEE DR.
Address: 1601 N.W. 12TH AVENUE, SUITE 4063
City-St-Zip: MIAMI, FL 33136 US

Title: VCHR () Delete
Name: KOSTRUB, DARLENE
Address: 551 S.E. 8TH STREET, SUITE 505
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: TREA () Delete
Name: WERK, LLOYD DR.
Address: 496 SOUTH DELANEY AVENUE, SUITE 408
City-St-Zip: ORLANDO, FL 32801 US

Title: SECY () Delete
Name: DABROW, SHARON DR.
Address: 17 DAVIS BLVD C/O USF PEDIATRICS
City-St-Zip: TAMPA, FL 33606 US

Title: MEMB () Delete
Name: TOKER, KAREN DR.
Address: 6030 OAKBROOK COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082 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:

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: LEE SANDERS, MD

CHR

04/26/2007

Electronic Signature of Signing Officer or Director

Date