

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004416

**FILED**  
**Mar 25, 2012**  
**Secretary of State**

**Entity Name:** FOUNDATION FOR RURAL HEALTH INC.

**Current Principal Place of Business:**

38029 ARBOR RIDGE DRIVE  
ZEPHYRHILLS, FL 33540

**New Principal Place of Business:**

38029 ARBOR RIDGE DRIVE  
ZEPHYRHILLS, FL 33540 UN

**Current Mailing Address:**

38029 ARBOR RIDGE DRIVE  
ZEPHYRHILLS, FL 33540

**New Mailing Address:**

FEI Number: 45-1534673      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NAGAPRASANNA, SHOUBHA B  
7935 SW 86TH STREET  
805  
MIAMI, FL 33143 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: P  
Name: SARAIYA, CHANDRESH  
Address: 18608 AVENUE MONACO  
City-St-Zip: LUTZ, FL 33558

Title: VP  
Name: TAUNK, JAWAHARLAL  
Address: 4050 PRESIDENTIAL DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

Title: SEC  
Name: GUPTA, SHANKAR  
Address: 14620 POMMEL DRIVE  
City-St-Zip: ROCKVILLE, MD 20850

I hereby 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 all other like empowered.

SIGNATURE: CHANDRESH SARAIYA

PSDT

03/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date