
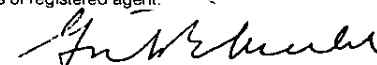
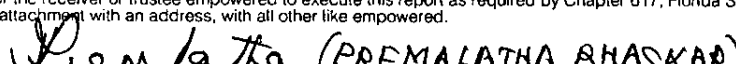


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90203 048 \*\*\*\*61.25

<b>DOCUMENT # N93000002496</b> 1. Entity Name <b>REACHOUT FOUNDATION, INC.</b>					
Principal Place of Business <b>ROUTE 13, BOX 416 LAKE CITY, FL 32055</b>			Mailing Address <b>ROUTE 13, BOX 416 LAKE CITY, FL 32055</b>		
2. Principal Place of Business <b>118 NW HERON GLEN</b> Suite, Apt. #, etc.		3. Mailing Address <b>118 NW HERON GLEN</b> Suite, Apt. #, etc.			
City & State <b>LAKE CITY, FL 32055</b>		City & State <b>LAKE CITY, FL 32055</b>		4. FEI Number <b>59-3194816</b>	
Zip <b>32055</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BHASKAR, GIRISH DR. 118 NW HERON GLEN LAKE CITY, FL 32055</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
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 <b>4/17/06</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SREEDHARAN, MANALEL</b> <input checked="" type="checkbox"/> Delete <b>12512 E SANDY CREEK LN</b> <b>CERRITOS, CA 90703</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>KUMAR, SATHEESH M.D</b> <b>417 KINGSWOOD</b> <b>EL PASO, TX 79932</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Delete <b>GOPINATH, G M.D.</b> <b>680 BRIARWOOD COURT</b> <b>ORADELL, NJ 07649</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RAJAN, SARAVANA M.D</b> <b>2483 NEWFOUND HARBOR DRIVE</b> <b>MERRITT ISLAND, FL 32952</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>SATYA, RATNAMMA MRS</b> <b>3566 SAN REMO TERR</b> <b>SARASOTA, FL 34239</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BHASKAR, PREMALATHA</b> <b>118 NW HERON GLEN</b> <b>LAKE CITY, FL 32055</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BALAKRISHNAM, V. M.D.</b> <b>8994 EXECUTIVE LOOP</b> <b>INVERNESS, FL 34450</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>BHASKAR, GIRISH M.D.</b> <b>118 NE HERON GLEN</b> <b>LAKE CITY, FL 32055</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SATYA T K M.D</b> <b>3566 SAN REMO TERRACE</b> <b>SARASOTA, FL 34239</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>NARAYAN, DEV M.D.</b> <b>5711 FERRARA DRIVE</b> <b>SARASOTA, FL 34238</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DILEEPAN, K</b> <b>W 125th PLACE</b> <b>OVERLAND PARK, KS 66213</b>	
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:  <b>(PREMALATHA BHASKAR)</b> <b>4/17/2006</b> <b>3862357315</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					

40063777



04172006 Chg-NP CR2E037 (11/05)