

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90018 007 \*\*\*\*61.25

<b>DOCUMENT # N93000002496</b> 1. Entity Name <b>REACHOUT FOUNDATION, INC.</b>					
Principal Place of Business <b>118 NW HERON GLEN LAKE CITY, FL 32055</b>			Mailing Address <b>118 NW HERON GLEN LAKE CITY, FL 32055</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3194816</b>	
Zip		Country		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: _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>KUMAR, SATHEESM M.D.</b> <b>414 KINGSWOOD</b> <b>EL PASO, TX 79932</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RAJAN, SARAVANA M.D.</b> <b>2483 NEWFOUND HARBOR DR</b> <b>MERRITT ISLAND, FL 32952</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BHASKAR, PREMALATHA</b> <b>118 NW HERON GLEN</b> <b>LAKE CITY, FL 32055</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BALAKRISHNAM, V. M.D.</b> <b>8994 EXECUTIVE LOOP</b> <b>INVERNESS, FL 34450</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SATYA, TK M.D.</b> <b>3566 SAN REMO TERRACE</b> <b>SARASOTA, FL 34239</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DILEEPAN, K</b> <b>WEST 125TH PLACE</b> <b>OVERLAND PARK, KS 66213</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KUMAR, SATHEESH</b> <b>417 KINGSWOOD</b> <b>EL PASO, TX 79932</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RAJAN, SARAVANA</b> <b>2398 NEWFOUND HARBOR DR</b> <b>MERRITT ISLAND, FL 32952</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BALAKRISHNAM, V</b> <b>8994 EXECUTIVE LOOP</b> <b>INVERNESS, FL 34450</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SATYA, TK</b> <b>3566 SAN REMO TERRACE</b> <b>SARASOTA, FL 33579</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DILEEPAN, K</b> <b>10802 WEST 125th PLACE</b> <b>OVERLAND PARK, KS 66213</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: Premalatha (PREMALATHA BHASKAR) 1/24/2007 386 235 7315</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					