

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002496

FILED
Feb 21, 2009
Secretary of State

Entity Name: REACHOUT FOUNDATION, INC.

Current Principal Place of Business:

118 NW HERON GLEN
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

118 NW HERON GLEN
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 59-3194816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BHASKAR, GIRISH DR.
118 NW HERON GLEN
LAKE CITY, FL 32055 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 () Delete
Name: KUMAR, SATHEESH M.D.
Address: 414 KINGSWOOD
City-St-Zip: EL PASO, TX 79932

Title: T () Delete
Name: RAJAN, SARAVANA M.D.
Address: 2398 NEWFOUND HARBOR DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S () Delete
Name: BHASKAR, PREMALATHA
Address: 118 NW HERON GLEN
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: BALAKRISHNAM, V. M.D.
Address: 8994 EXECUTIVE LOOP
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: SATYA, TK M.D.
Address: 3566 SAN REMO TERRACE
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: DILEEPAN, K
Address: WEST 125TH PLACE
City-St-Zip: OVERLAND PARK, KS 66213

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KUMAR, SATHEESH M.D.
Address: 414 KINGSWOOD
City-St-Zip: EL PASO, TX 79932

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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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: PREMALATHA BHASKAR

S

02/21/2009

Electronic Signature of Signing Officer or Director

Date