

1.) CORPORATION NAME:

ReachOut Healthcare America Ltd.

DUE DATE: **8/31/2011**

SCC ID NO: **F1764952**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1904 W PARKSIDE LANE
STE 201

CITY/ST/ZIP: PHOENIX, AZ 85027-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	ROBERT GAYLORD			
TITLE:	VICE PRESIDENT			
ADDRESS:	1904 W PARKSIDE LN SUITE 201			
CITY/ST/ZIP/CO:	PHOENIX, AZ 85027-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	DANIEL GOLDSMITH			
TITLE:	SECRETARY			
ADDRESS:	1904 W PARKSIDE LN SUTIE 201			
CITY/ST/ZIP/CO:	PHOENIX, AZ 85027-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	GARY S. MATTHEWS			
TITLE:	CHAIRMAN			
ADDRESS:	1585 BROADWAY			
CITY/ST/ZIP/CO:	NEW YORK, NY 10036-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MICHAEL P. HOWELL			
TITLE:	VICE CHAIRMAN			
ADDRESS:	1904 W. PARKSIDE LANE SUITE 201			
CITY/ST/ZIP/CO:	PHOENIX, AZ 85027-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MARCY BOROFSKY			
TITLE:	VICE CHAIRMAN			
ADDRESS:	33533 W. TWELVE MILE ROAD SUITE 150			
CITY/ST/ZIP/CO:	FARMINGTON HILLS, MI 48331-			

NAME: MARGO WOLL TITLE: VICE CHAIRMAN ADDRESS: 33533 W. TWELVE MILE ROAD SUITE 150 CITY/ST/ZIP/CO: FARMINGTON HILLS,, MI 48331-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ALLEN HERSH TITLE: VICE PRESIDENT ADDRESS: 1904 W. PARKSIDE LANE SUITE 201 CITY/ST/ZIP/CO: PHOENIX, AZ 85027-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DANIEL MORRISSEY TITLE: VICE PRESIDENT ADDRESS: 1904 W. PARKSIDE LANE SUITE 201 CITY/ST/ZIP/CO: PHOENIX, AZ 85027-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOSEPH RHODES TITLE: VICE PRESIDENT ADDRESS: 1806 OVER LAKE DR SE CITY/ST/ZIP/CO: CONYERS, GA 30013-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
<u>/s/ ROBERT GAYLORD</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>ROBERT GAYLORD, VICE PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>7/5/2011</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		