

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000022536

FILED
Mar 12, 2010
Secretary of State

Entity Name: PEA RIDGE FAMILY CARE CENTER, INC.

Current Principal Place of Business:

5553 HWY. 90 WEST
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

5553 HWY. 90 WEST
PACE, FL 32571

New Mailing Address:

FEI Number: 59-3497418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARG, PURUSHOTTAM K
5553 HWY. 90 WEST
PACE, FL 32571 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: GARG, PURUSHOTTAM K M.D.
Address: 5553 HWY. 90 WEST
City-St-Zip: PACE, FL 32571

Title: ST
Name: GARG, ANJU M.D.
Address: 5553 HWY. 90 WEST
City-St-Zip: PACE, FL 32571

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PURUSHOTTAM K. GARG

P

03/12/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date