

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000022536

**Entity Name:** PEA RIDGE FAMILY CARE CENTER, INC.

**Current Principal Place of Business:**

5553 HWY. 90 WEST  
PACE, FL 32571

**Current Mailing Address:**

5553 HWY. 90 WEST  
PACE, FL 32571

**FEI Number: 59-3497418**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title	P	Title	ST
Name	GARG, PURUSHOTTAM KM.D.	Name	GARG, ANJU M.D.
Address	5553 HWY. 90 WEST	Address	5553 HWY. 90 WEST
City-State-Zip:	PACE FL 32571	City-State-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 GARG**

**PRESIDENT**

**03/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date