



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90288 001 \*\*\*300.00

<b>DOCUMENT # H16945</b> 1. Entity Name <b>FOREST HILLS HEALTH CARE, INC.</b>					
Principal Place of Business <b>C/O SUMITA J. PATEL 116 W BOUGAINVILLEA AVE TAMPA, FL 33612</b>			Mailing Address <b>C/O SUMITA J. PATEL 116 W BOUGAINVILLEA AVE TAMPA, FL 33612</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
<b>6. Name and Address of Current Registered Agent</b>  <b>PATEL, SUMITA-J 116 W BOUGAINVILLEA AVE TAMPA, FL 33612</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, SUMITA J		NAME		
STREET ADDRESS	12402 MEMORIAL HWY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, PRAVIN D		NAME		
STREET ADDRESS	17605 HACKAMORE PL		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 335495685		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	V P CHANDRAVADAN J. PATEL	
STREET ADDRESS			STREET ADDRESS	2623 CLARK ROAD	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL 33618	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 607, 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.					
SIGNATURE: <u>Pravin D. Patel</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date: <u>1/10/06</u> Daytime Phone #: <u>813-832-4381</u>		