

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H16945

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: FOREST HILLS HEALTH CARE, INC.

## Current Principal Place of Business:

C/O SUMITA J. PATEL  
116 W BOUGAINVILLEA AVE  
TAMPA, FL 33612

## New Principal Place of Business:

C/O SUMITA J. PATEL  
116 W BOUGAINVILLEA AVE  
TAMPA, FL 33612

## Current Mailing Address:

C/O SUMITA J. PATEL  
116 W BOUGAINVILLEA AVE  
TAMPA, FL 33612

## New Mailing Address:

FEI Number: 59-2440113      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATEL, SUMITA J  
116 W BOUGAINVILLEA AVE  
TAMPA, FL 33612      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 ( ) Delete  
Name: PATEL, SUMITA J  
Address: 12402 MEMORIAL HWY  
City-St-Zip: TAMPA, FL 33635

Title: DS ( ) Delete  
Name: PATEL, PRAVIN D  
Address: 17605 HACKAMORE PL  
City-St-Zip: LUTZ, FL 335495685

Title: VP (X) Delete  
Name: CHANDRAVADAN, PATEL J  
Address: 2623 CLARK ROAD  
City-St-Zip: TAMPA, FL 33618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change ( ) Addition  
Name: PATEL, PRAVIN D  
Address: 17605 HACKAMORE PL  
City-St-Zip: LUTZ, FL 335495685

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

SIGNATURE: PDPATEL

DS

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date