

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H16945

**FILED**  
**Jan 05, 2010**  
**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:**

**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  
**Name:** PATEL, SUMITA J  
**Address:** 12402 MEMORIAL HWY  
**City-St-Zip:** TAMPA, FL 33635

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

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:** PDPATEL

DS

01/05/2010

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

\_\_\_\_\_  
Date