

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

3/22/2006-90013-018-S150.00-S150.00

**FILED**

06 APR -7 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M61528

1. Entity Name  
CARE HEALTH CENTER, INC.



Principal Place of Business

320 S STATE RD 7 100 NW 82<sup>nd</sup> Ave.  
SUITE A Suite - 201  
PLANTATION, FL 33327 US  
33324

Mailing Address

320 S STATE RD 7 100 NW 82<sup>nd</sup> Ave.  
SUITE A Suite - 201  
PLANTATION, FL 33327 US  
33324

**DO NOT WRITE IN THIS SPACE**



1162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0018045 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAKHARIA, VIJAY (M.D.)  
3365 BRIDAL PATH LANE  
FT LAUDERDALE, FL 33331

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VAKHARIA, DAKSHA
STREET ADDRESS	3365 BRIDAL PATH RD
CITY - ST - ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Vijay Vakhar  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06 954-584-2417  
Date Daytime Phone