

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038754

FILED  
Mar 02, 2012  
Secretary of State

**Entity Name:** HOSPITAL CARE ASSOCIATES, P.A.

**Current Principal Place of Business:**

C/O MATTHER P CASTNER  
33321 E LAKE JOANNA DR.  
EUSTIS, FL 32736

**New Principal Place of Business:**

MATTHER P CASTNER  
33321 E LAKE JOANNA DR.  
EUSTIS, FL 32736

**Current Mailing Address:**

P. O. BOX 1669  
MOUNT DORA, FL 32756

**New Mailing Address:**

**FEI Number:** 02-0584236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTNER, MATTHEW P  
33321 E. LAKE JOANNA DRIVE  
EUSTIS, FL 32736 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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: CASTNER, MATTHEW P  
Address: 33321 E LAKE JOANNA DR.  
City-St-Zip: EUSTIS, FL 32736

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: MATTHEW P. CASTNER

PRES

03/02/2012

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

\_\_\_\_\_  
Date