

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061611

FILED  
Mar 30, 2004  
Secretary of State

Entity Name: GARG MEDICAL CENTER INC

## Current Principal Place of Business:

10322 SHADY OAK LN  
SEMINOLE, FL 33777

## New Principal Place of Business:

11200 SEMINOLE BLVD.,  
SUITE #307  
LARGO, FL 33778

## Current Mailing Address:

10322 SHADY OAK LN  
SEMINOLE, FL 33777

## New Mailing Address:

FEI Number: 02-0693740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARG, NARENDRA  
10322 SHADY OAK LN  
SEMINOLE, FL 33777 US

## Name and Address of New Registered Agent:

GARG, ANIT  
10322 SHADY OAK LN  
SEMINOLE, FL 33777 US

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: ANIT GARG

03/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GARG, ANIT  
Address: 10322 SHADY OAK LN  
City-St-Zip: SEMINOLE, FL 33777

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition  
Name: GARG, UMA  
Address: 10322 SHADY OAK LANE  
City-St-Zip: SEMINOLE, FL 33777

Title: S ( ) Change (X) Addition  
Name: GARG, ANIT  
Address: 10322 SHADY OAK LANE  
City-St-Zip: SEMINOLE, FL 33777

Title: T ( ) Change (X) Addition  
Name: GARG, UMA  
Address: 10322 SHADY OAK LANE  
City-St-Zip: SEMINOLE, FL 33777

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANIT GARG

P

03/30/2004

Electronic Signature of Signing Officer or Director

Date