2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P03000061611

Entity Name: GARG MEDICAL CENTER INC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

10322 SHADY OAK LN
SEMINOLE, FL 33777

New Mailing Address:

409 CLEVELAND AVE SW
LARGO, FL 33770

FEI Number: 02-0693740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GARG, ANIT
409 CLEVELAND AVE SW
LARGO, FL 33770 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: 04/27/2006
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: VP ( ) Delete
Name: GARG, UMA
Address: 10322 SHADY OAK LANE
City-St-Zip: SEMINOLE, FL 33777

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GARG, ANIT
Address: 409 CLEVELAND AVE SW
City-St-Zip: LARGO, FL 33770

Title: VP (X) Change ( ) Addition
Name: GARG, ANIT
Address: 409 CLEVELAND AVE SW
City-St-Zip: LARGO, FL 33770

Title: S (X) Change ( ) Addition
Name: GARG, ANIT
Address: 409 CLEVELAND AVE SW
City-St-Zip: LARGO, FL 33770

Title: T (X) Change ( ) Addition
Name: GARG, ANIT
Address: 409 CLEVELAND AVE SW
City-St-Zip: LARGO, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the 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: ANIT GARG PRES 04/27/2006
Electronic Signature of Signing Officer or Director — Date