


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90034 003 ***158.75

DOCUMENT # P03000061611		
1. Entity Name GARG MEDICAL CENTER INC		

Principal Place of Business 11200 SEMINOLE BLVD., SUITE #307 LARGO, FL 33778	Mailing Address 409 CLEVELAND AVE SW LARGO, FL 33770
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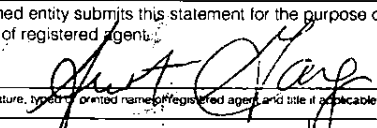
60024774

2. Principal Place of Business - No P.O. Box # 2050 West Bay Drive	3. Mailing Address 2050 West Bay Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02202008 Chg-P CR2E034 (12/06)

City & State Largo, Florida	City & State Largo, Florida	4. FEI Number 02-0693740	Applied For <input type="checkbox"/> Not Applicable
Zip 33770	Country USA	Zip 33770	Country USA
6. Name and Address of Current Registered Agent GARG, ANIT 409 CLEVELAND AVE SW LARGO, FL 33770		7. Name and Address of New Registered Agent Anit Garg	

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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: 	DATE: 2/20/08

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE Address only	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARG, ANIT		NAME 9988 Lake Seminole Drive West	
STREET ADDRESS 409 CLEVELAND AVE SW		STREET ADDRESS Largo, FL 33773	
CITY-ST-ZIP LARGO, FL 33770		CITY-ST-ZIP Largo, FL 33773	
TITLE VPST	<input type="checkbox"/> Delete	TITLE Address only	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARG, RENEE M		NAME 9988 Lake Seminole Drive West	
STREET ADDRESS 409 CLEVELAND AVE SW		STREET ADDRESS Largo, FL 33770	
CITY-ST-ZIP LARGO, FL 33770		CITY-ST-ZIP Largo, FL 33770	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	ANIT GARG	DATE: 2/20/08	DAYTIME PHONE: 727-319-4274
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