

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000061611

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** GARG MEDICAL CENTER INC

**Current Principal Place of Business:**

2050 WEST BAY DRIVE  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

2050 WEST BAY DRIVE  
LARGO, FL 33770

**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, ANIT MD  
14210 85TH AVE  
SEMINOLE, FL 33776 US

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

GARG, ANIT MD  
9100 SUGAR LOAF WAY  
SEMINOLE, FL 33776 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

01/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GARG, ANIT MD  
Address: 9100 SUGAR LOAF WAY  
City-St-Zip: SEMINOLE, FL 33776

Title: VPST  
Name: GARG, RENEE M  
Address: 9100 SUGAR LOAF WAY  
City-St-Zip: SEMINOLE, FL 33776

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: ANIT GARG

PD

01/10/2012

Electronic Signature of Signing Officer or Director

Date