

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000061840

FILED  
Feb 22, 2010  
Secretary of State

Entity Name: CITRUS PARK MEDICAL CARE INC.

**Current Principal Place of Business:**

6328 GUNN HWY  
B  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

6328 GUNN HWY  
B  
TAMPA, FL 33625

**New Mailing Address:**

FEI Number: 86-1112772

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEHTA, SHITAL D.O.  
6328 GUNN HWY  
B  
TAMPA, FL 33625 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DO  
Name: MEHTA, SHITAL  
Address: 6328 GUNN HWY  
City-St-Zip: TAMPA, FL 33625

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: SHITAL MEHTA

D.O.

02/22/2010

Electronic Signature of Signing Officer or Director

Date