

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000036722

1. Entity Name
TROUBLE CREEK MEDICAL CENTER, INC.



Principal Place of Business
5522 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 US

Mailing Address
5522 TROUBLE CREEK RD
SUITE 102
NEW PORT RICHEY, FL 34652 US



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3313527

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAIN, BINA
5522 TROUBLE CREEK RD
SUITE 102
NEW PORT RICHEY, FL 34652

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DESAI, BHARAI
STREET ADDRESS	3764 PRESIDENTIAL DRIVE
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	D
NAME	AGGARWAL, SHIV K
STREET ADDRESS	882 ROYAL BIRKDALE DRIVE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	T
NAME	JAIN, NARESH C
STREET ADDRESS	5522 TROUBLE CREEK RD, STE 102
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/05-80021-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Naresh C Jain* **NARESH C. JAIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-05 (727) 847-2847

Date Daytime Phone #