

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000036722

FILED
Jan 16, 2006
Secretary of State

Entity Name: TROUBLE CREEK MEDICAL CENTER, INC.

Current Principal Place of Business:

5522 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

5522 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3313527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAIN, BINA
5522 TROUBLE CREEK RD
SUITE 102
NEW PORT RICHEY, FL 34652 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: D () Delete
Name: DESAI, BHARAI
Address: 3764 PRESIDENTIAL DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: AGGARWAL, SHIV K
Address: 882 ROYAL BIRKDALE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T () Delete
Name: JAIN, NARESH C
Address: 5522 TROUBLE CREEK RD, STE 102
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DESAI, BHARAT
Address: 3764 PRESIDENTIAL DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NARESH C. JAIN

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01/16/2006

Electronic Signature of Signing Officer or Director

Date