

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90019 022 \*\*\*150.00

**DOCUMENT # P95000040199**

1. Entity Name

PASCO PULMONARY MEDICAL CENTER, INC.



Principal Place of Business

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

Mailing Address

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

20000000



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3314587</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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 JAIN, BINA  
STREET ADDRESS 5522 TROUBLE CREEK RD, SUITE 102  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE D  
NAME DESAI, BHARAT  
STREET ADDRESS 5522 TROUBLE CREEK RD, SUITE 102  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE T  
NAME JAIN, NARESH C  
STREET ADDRESS 5522 TROUBLE CREEK RD SUITE 102  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #