2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# P95000040199

Entity Name: PASCO PULMONARY MEDICAL CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3314587 **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: JAIN, BINA
Address: 5522 TROUBLE CREEK RD, SUITE 102
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete
Name: DESAI, BHARAT
Address: 5522 TROUBLE CREEK RD, SUITE 102
City-St-Zip: NEW PORT RICHEY, FL 34652

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

Title: VP ( ) Delete
Name: DESAI, MEENA
Address: 5522 TROUBLE CREEK RD, SUITE 102
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 T 02/12/2009
Electronic Signature of Signing Officer or Director Date