


FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000022536 1. Entity Name PEA RIDGE FAMILY CARE CENTER, INC.			
Principal Place of Business 5553 HWY. 90 PACE, FL 32571		Mailing Address 5553 HWY. 90 PACE, FL 32571	
<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>			
6. Name and Address of Current Registered Agent GARG, PURUSHOTTAM K 5553 HWY. 90 PACE, FL 32571		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div style="text-align: right;">000000325883 04/23/05-80033-019 150.00</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARG, PURUSHOTTAM K M.D. 5553 HWY. 90 PACE, FL 32571	<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARG, ANJU M.D. 5553 HWY. 90 PACE, FL 32571		
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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: P. K. Garg <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Purushottam K. Garg 04-21-05 853-995-8811 <small>Date Daytime Phone #</small>	