

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90141 009 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 759520
 1. Entity Name
SUGAR CREEK MEDICAL AND PROFESSIONAL CENTER ASSO

Principal Place of Business		Mailing Address	
R ASSOCIATION, INC. 455 N.INDIAN ROCKS RD. BELLEAIR BLUFFS FL 33770 US		R ASSOCIATION, INC. 455 N.INDIAN ROCKS RD. BELLEAIR BLUFFS FL 33770 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-2302435** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
VELTMAN, DAVID 455 N. INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		FL		Zip Code	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, JEFF			NAME			
STREET ADDRESS	455 N.INDIAN ROCKS RD.			STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR BLUFFS FL			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VELTMAN, GREGORY			NAME			
STREET ADDRESS	455 N.INDIAN ROCKS RD.			STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR BLUFFS FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIMMON, ALEXANDER			NAME			
STREET ADDRESS	655 ULMERTON RD.			STREET ADDRESS			
CITY-ST-ZIP	LARGO FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VELTMAN, DAVID M.			NAME			
STREET ADDRESS	455 N. INDIAN ROCKS RD.			STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR BLUFFS FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 617, 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 REQUIRED 3.22.00 727.585.6333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)