

**FILED**  
**Jun 22, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90197 045 \*\*\*\*61.25

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759520

1. Entity Name

SUGAR CREEK MEDICAL AND PROFESSIONAL CENTER ASSO

Principal Place of Business

R ASSOCIATION, INC.  
 455 N INDIAN ROCKS RD.  
 BELLEAIR BLUFFS FL 33770  
 US

Mailing Address

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 &amp; State

City &amp; 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  
 Moore, Jeff

Street Address (P.O. Box Number is Not Acceptable)  
 455 N. Indian Rocks Road

City  
 Belleair Bluffs,

FL

Zip Code  
 33770

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
P	MOORE, JEFF	455 N INDIAN ROCKS RD.	BELLEAIR BLUFFS FL	<input type="checkbox"/>	<input type="checkbox"/>
DST	VELTMAN, GREGORY	455 N INDIAN ROCKS RD.	BELLEAIR BLUFFS FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	GIMMON, ALEXANDER	655 ULMERTON RD.	LARGO FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	VELTMAN, DAVID M.	455 N. INDIAN ROCKS RD.	BELLEAIR BLUFFS FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*SMITH AT MOORE REQUIRE*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)