

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90100 039 \*\*\*\*61.25

**DOCUMENT # 759520**  
 1. Entity Name  
**SUGAR CREEK MEDICAL AND PROFESSIONAL CENTER ASSOCIATION, INC.**



Principal Place of Business: C/O SUGAR CREEK ASSOCIATION, 10225 ULMERTON, LARGO FL 33771, US  
 Mailing Address: 4175 EAST BAY SUITE 205, CLEARWATER FL 33764, US



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E037 (10/05)  
 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  
**MOORE, JEFF**  
**455 N. INDIAN ROCKS ROAD**  
**BELLEAIR BLUFFS FL 33770**

7. Name and Address of New Registered Agent  
 Name: **HAL HILDEBRANDT**  
 Street Address (P.O. Box Number is Not Acceptable): **4175 EAST BAY DR, STE 205**  
 City: **CLEARWATER** FL Zip Code: **33764**

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]*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME	DP CARMADILLA, JIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10225 ULMERTON ROAD # 3B	
CITY-ST-ZIP	LARGO FL 33771	
TITLE NAME	DV HALEY, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10225 ULMERTON RD #4B	
CITY-ST-ZIP	LARGO FL 33771	
TITLE NAME	DST GIBSON, ANGELA	<input type="checkbox"/> Delete
STREET ADDRESS	10225 ULMGETON RD, 8A	
CITY-ST-ZIP	LARGO FL 33771	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP BOB COPLEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10225 ULMERTON RD #5A	
CITY-ST-ZIP	LARGO FL 33771	
TITLE NAME	DT BABETTE AIOSA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10225 ULMERTON RD, 5B	
CITY-ST-ZIP	LARGO FL 33771	
TITLE NAME	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowerments.

SIGNATURE: *[Signature]* Pres. 2/16/06