
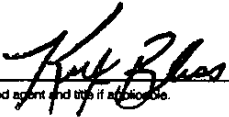


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90046 007 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03192008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2302435	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HILDBRAND, HAL T 4175 EAST BAY DR SUITE 205 CLEARWATER, FL 33764			Name KIRK BLISS Street CMC 4175 East Bay Dr., Suite 205 Clearwater, FL 33764 City 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE 3/20/08		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	GOSCIW, LEE DR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASCING, LEE DR.		NAME		
STREET ADDRESS	10225 ULMGETON RD 7A		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIOSA, BABETTE		NAME	KEN ARSENAULT	
STREET ADDRESS	10225 ULMGRON RD #5B		STREET ADDRESS	10225 ULMERTON RD, #2	
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP	LARGO FL 33771	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINAN, KEVIN		NAME	LINDA KINNEY	
STREET ADDRESS	10228 ULMGETON RD 9A		STREET ADDRESS	10225 ULMERTON RD #1	
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP	LARGO FL 33771	
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		
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 exemptions contained 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 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 

PHONE No. 727-584-1199