

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759520

FILED
Jan 28, 2009
Secretary of State

Entity Name: SUGAR CREEK MEDICAL AND PROFESSIONAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O SUGAR CREEK ASSOCIATION
10225 ULMERTON
LARGO, FL 33771 US

New Principal Place of Business:

New Mailing Address:

4585 140TH ST. NORTH
SUITE 1012
CLEARWATER, FL 33762 US

Current Mailing Address:

4175 EAST BAY
SUITE 205
CLEARWATER, FL 33764 US

FEI Number: 59-2302435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.
4585 140TH AVE. NORTH SUITE 1012
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GOSCIN, LEE DR.
Address: 10225 ULMGETON RD 7A
City-St-Zip: LARGO, FL 33771

Title: DT () Delete
Name: ARSENAULT, KEN
Address: 10225 ULMERTON RD, #2
City-St-Zip: LARGO, FL 33771

Title: DS () Delete
Name: KINNEY, LINDA
Address: 10225 ULMERTON RD #1
City-St-Zip: LARGO, FL 33771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ARSENAULT, KEN
Address: 10225 ULMGETON RD #2
City-St-Zip: LARGO, FL 33771

Title: DST (X) Change () Addition
Name: GINAN, KEVIN
Address: 10225 ULMERTON RD, #9C
City-St-Zip: LARGO, FL 33771

Title: D (X) Change () Addition
Name: KINNEY, LINDA
Address: 10225 ULMERTON RD #1
City-St-Zip: LARGO, FL 33771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. C. BRUMMETT

MGR

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date