


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90166 026 \*\*\*\*61.25

**DOCUMENT # 759520**

1. Entity Name  
**SUGAR CREEK MEDICAL AND PROFESSIONAL CENTER ASSO  
CIATION, INC.**



Principal Place of Business      Mailing Address

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

**4175 EAST BAY  
SUITE 205  
CLEARWATER FL 33764  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ARSENHAULT, KEN</b>	
STREET ADDRESS	<b>10225 ULMERTON #2</b>	
CITY-ST-ZIP	<b>LARGO FL 33771</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, JEFF</b>	
STREET ADDRESS	<b>455 N INDIAN ROCKS ROAD</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS.FL.33770</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HALEY, JOHN</b>	
STREET ADDRESS	<b>10225 ULMERTON ROAD # 4C</b>	
CITY-ST-ZIP	<b>LARGO FL 33771</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARMADELLA, JIM</b>	
STREET ADDRESS	<b>10225 ULMERTON ROAD # 3B</b>	
CITY-ST-ZIP	<b>LARGO FL 33771</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D/P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D/T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Jeff Moore*      1/21/03      227 5845599

CR2E037 (10/02)