## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 759520** 

Entity Name: SUGAR CREEK MEDICAL AND PROFESSIONAL CENTER

ASSOCIATION, INC.

Jan 24, 2023 Secretary of State 7330289238CC

**FILED** 

## **Current Principal Place of Business:**

C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 ST. PETERSBURG, FL 33702

## **Current Mailing Address:**

C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 ST. PETERSBURG, FL 33702 US

FEI Number: 59-2302435 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ASSOCIA GULF COAST, INC. C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 ST. PETERSBURG, FL 33702 US

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: ANNETTE BYRD 01/24/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name JACKSON, TRACY Name BELLEAIR DAY SPA, INC.

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY Title TREASURER

Name TURD FERGUSON LLC FL LIMITED Name RK HAZEL HOLDINGS LLC

LIABILITY GROUP

Address C/O ASSOCIA GULF COAST SART 4TH STREET NORTH S

C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702

I hereby 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 all other like empowered.

SIGNATURE: JACKSON, TRACY PRESIDENT 01/24/2023