

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759520

**FILED  
Apr 26, 2018  
Secretary of State  
CC3983580743**

**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

**Current Mailing Address:**

C/O ASSOCIA GULF COAST, INC.  
9887 FOURTH STREET NORTH SUITE 301  
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.  
9887 FOURTH STREET NORTH  
SUITE 301  
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: DENNIS MANSFIELD**

**04/26/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HORDEN, GAYLE  
Address        C/O ASSOCIA GULF COAST, INC.  
                  9887 FOURTH STREET NORTH SUITE  
                  301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            TREASURER  
Name            BELLEAIR DAY SPA, INC.  
Address        C/O ASSOCIA GULF COAST, INC.  
                  9887 FOURTH STREET NORTH SUITE  
                  301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            SECRETARY  
Name            TURD FERGUSON LLC FL LIMITED  
                  LIABILITY GROUP  
Address        C/O ASSOCIA GULF COAST, INC.  
                  9887 FOURTH STREET NORTH SUITE  
                  301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            COMEY CHIROPRACTIC CLINIC  
Address        C/O ASSOCIA GULF COAST, INC.  
                  9887 FOURTH STREET NORTH SUITE  
                  301  
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: GAYLE HORDEN**

**PRESIDENT**

**04/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date