

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759520

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

**FILED**  
**Jan 24, 2013**  
**Secretary of State**  
**CC4430495192**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-2302435**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT CONCEPTS, INC.  
4585 140TH AVE. NORTH SUITE 1012  
CLEARWATER, FL 33762 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name ARSENAULT, KEN  
Address 10225 ULMGETON RD #2  
City-State-Zip: LARGO FL 33771

Title DT  
Name GOSCIN, LEE  
Address 10225 ULMERTON RD, #7A  
City-State-Zip: LARGO FL 33771

Title DS  
Name KINNEY, LINDA  
Address 10225 ULMERTON RD #1  
City-State-Zip: LARGO FL 33771

*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: ARSENAULT , KEN**

**PRESIDENT**

**01/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date