

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N02267

1. Entity Name
THE SPRINGS MEDICAL CENTER ASSOCIATION, INC.



Principal Place of Business
**2135 W. STATE RD 434
P.O. BOX 6543
LONGWOOD, FL 32779 US**

Mailing Address
**2139 W. SR. 434
SUITE 102
LONGWOOD, FL 32779 US**



01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2441339

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FINER, M.D. H
2135 W. STATE RD 434
LONGWOOD, FL 32779**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
SAGAR, PORUS R.
2139 W. SR 434 #102
LONGWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
WENICK, RICHARD W
550 FINCHLEY RD
MAITLAND, FL 32751**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
FINER, HOWARD I. M.D.
2135 W. STATE RD. 434
LONGWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Porus R. Sagar 1/4/06 407-788-6898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #