

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 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

**264 CHURCHILL DR  
LONGWOOD, FL 32779 US**



01292008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2441339</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

**8. 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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.  
264 CHURCHILL DR  
LONGWOOD, FL 32779**

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

U000000819703  
02/15/08-80092-018 61.25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Porus R. Sagar* **1/29/08** **407-682-3478**