2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# N02267

Entity Name: THE SPRINGS MEDICAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

2135 W. STATE RD 434
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

264 CHURCHILL DR
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2441339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: STD
Name: SAGAR, PORUS R.
Address: 264 CHURCHILL DR
City-St-Zip: LONGWOOD, FL 32779

Title: VPD
Name: SHARFMAN, MARC I
Address: 2137 W STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32779

Title: PD
Name: FINER, HOWARD I. M.D.
Address: 2135 W. STATE RD. 434
City-St-Zip: LONGWOOD, FL 32779

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: PORUS R SAGAR STD 01/05/2012

Electronic Signature of Signing Officer or Director Date