

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04920

FILED  
Jan 18, 2008  
Secretary of State

**Entity Name:** COMMUNITY MEDICAL CENTER ASSOCIATION, INC.

**Current Principal Place of Business:**

6170 9TH AVENUE CIRCLE NE  
BRADENTON, FL 34212

**New Principal Place of Business:**

1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756

**Current Mailing Address:**

6170 9TH AVENUE CIRCLE NE  
BRADENTON, FL 34212

**New Mailing Address:**

1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756

**FEI Number:** 59-2466149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GASSMAN, ALAN A ESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 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: MGR ( ) Delete  
Name: RAMPERTAAP, MOONASAR P  
Address: 6170 9TH AVENUE CIRCLE NE  
City-St-Zip: BRADENTON, FL 34212

Title: SD ( ) Delete  
Name: KAUFMAN, STUARY J  
Address: 4002 STATE ROAD 674, #A  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD ( ) Delete  
Name: CARUSO, MICHAEL  
Address: 4002 STATE ROAD 674, #A  
City-St-Zip: SUN CITY CENTER, FL 33573

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: OFC (X) Change ( ) Addition  
Name: MYDG MANAGEMENT GROU, P, L.L.C.  
Address: 1245 COURT STREET, SUITE 102  
City-St-Zip: CLEARWATER, FL 33756

Title: SD (X) Change ( ) Addition  
Name: KAUFMAN, STUART J  
Address: 1245 COURT STREET, SUITE 102  
City-St-Zip: CLEARWATER, FL 33756

Title: TD (X) Change ( ) Addition  
Name: CARUSO, MICHAEL  
Address: 1245 COURT STREET, SUITE 102  
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALAN S. GASSMAN, AUTH. REPRESENTATIVE

MGR

01/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date