

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04920

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 59-2466149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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: OFC  
Name: MYDG MANAGEMENT GROUP, L.L.C.  
Address: 1245 COURT STREET, SUITE 102  
City-St-Zip: CLEARWATER, FL 33756

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

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

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: ALAN S GASSMAN

OFC

01/12/2010

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

\_\_\_\_\_  
Date