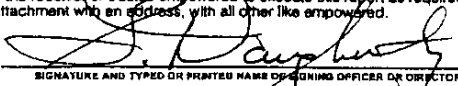


FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90058 044 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N05499			
1. Entity Name SUN CITY MEDICAL CENTER CONDOMINIUMS ASSOCIATION, INC.			
Principal Place of Business %STEPHEN J. DAUGHERTY 4016 SUN CITY CENTER BOULEVARD SUN CITY CENTER, FL 33573 US		Mailing Address %STEPHEN J. DAUGHERTY 4016 SUN CITY CENTER BOULEVARD SUN CITY CENTER, FL 33573 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address % Lincoln Harris	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4300 W. Cypress St #350	
City & State		City & State Tampa, FL	
Zip	Country	Zip	Country
		33607	Hillsborough
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAUGHERTY, STEPHEN J CEO 4016 SUN CITY CENTER BOULEVARD SUN CITY CENTER, FL 33573		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KREBS, JOSEPH M.D. 1901 HAVERFORD AVE SUN CITY CENTER, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO Capitol Towers 4016 Sun City Center Blvd. Sun City Center, FL 33573 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO DAUGHERTY, STEPHEN J 4016 SUN CITY CENTER BOULEVARD SUN CITY CENTER, FL 33573 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OVERMAN, MARK M.D. 1901 HAVERFORD AVE SUN CITY CENTER, FL 33573 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO BAKOS, MARTHA G 4016 SUN CITY CENTER BLVD SUN CITY CENTER, FL 33573 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AFO Young, Russell 4016 Sun City Blvd. Sun City Center FL 33573 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEHNKE, DONALD M.D. 1901 HAVERFORD AVE SUN CITY CENTER, FL 33573 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		1/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	