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Secretary of State
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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05499

1. Entity Name
SUN CITY MEDICAL CENTER CONDOMINIUMS ASSOCIATION, INC.

400177 01

Principal Place of Business	Mailing Address
%STEPHEN J. DAUGHERTY 4016 SUN CITY CENTER BOULEVARD SUN CITY CENTER, FL 33573 US	%STEPHEN J. DAUGHERTY 4016 SUN CITY CENTER BOULEVARD SUN CITY CENTER, FL 33573 US

01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	c/o Lincoln Harris
Suite, Apt. #, etc.	Suite, Apt. #, etc. 4300 W. Cypress St # 350
City & State	City & State Tampa, FL
Zip / Country	Zip 33607 / Country Hillsborough

4. FEI Number 59-2954927 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Capitano, Louis 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	CFO 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: S. Daugherty 1/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #