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Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90010 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744796
 1. Corporation Name
SARASOTA MEDICAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1950 ARLINGTON ST SARASOTA FL 34239	Mailing Address 1950 ARLINGTON ST SARASOTA FL 34239
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/02/1978	4. FEI Number 59-1944478 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent DICKINSON, O'RIORDEN 1750 RINGLING BLVD SARASOTA FL 34239	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDEPOLDER, DONALD R	1.2 NAME	
STREET ADDRESS	1950 ARLINGTON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34239	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, ANDREW	2.2 NAME	
STREET ADDRESS	1950 ARLINGTON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34239	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIXON, CHARLES W	3.2 NAME	
STREET ADDRESS	1950 ARLINGTON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34239	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Bannon/Sarasota Memorial Hospital	4.2 NAME	
STREET ADDRESS	1700 S. Tamiami Trail	4.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34239	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ SIGNATURE REQUIRED _____ 3/25/99 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-3037-11/98