04061999-90010-025-$61.25-$61.25

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90002 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 744796

1. Corporation Name
SARASOTA MEDICAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1950 ARLINGTON ST SARASOTA FL 34239	1950 ARLINGTON ST SARASOTA FL 34239

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/02/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1944478 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DICKINSON, O'RIORDEN 1750 RINGLING BLVD SARASOTA FL 34236	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 ☐ DELETE	1.1 TITLE	☐ Change ☐ 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 ☑ DELETE	2.1 TITLE	☐ Change ☐ 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 ☐ DELETE	3.1 TITLE	☐ Change ☐ 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 ☐ DELETE	4.1 TITLE	☐ Change ☐ 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	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 _____ 4/21/00 941-379-4185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CC-5037-(11/98)