

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 744796

FILED  
Apr 23, 2002 8:00 AM  
Secretary of State

Entity Name: SARASOTA MEDICAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1950 ARLINGTON ST  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1700 S TAMIAMI TRAIL  
SARASOTA, FL 34239

**New Mailing Address:**

1700 S TAMIAMI TRAIL  
C/O PROPERTY MANAGEMENT  
SARASOTA, FL 34239

FEI Number: 59-1944478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIDDLEBROOKS, HUGH  
1700 S TAMIAMI TRAIL  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

FLIPPEN, DENA  
1700 S TAMIAMI TRAIL  
C/O PROPERTY MANAGEMENT  
SARASOTA, FL 34239 US

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: DENA FLIPPEN

04/23/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BEACHEY, DALE  
Address: 1700 S TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: STD ( ) Delete  
Name: LANE, NELSON  
Address: 1700 S TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: BANNON, TOM  
Address: SARASOTA MEM HOSP. 1700 S TAMIAMI TRL  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FLIPPEN, DENA  
Address: 1700 S TAMIAMI TRL  
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DALE BEACHEY

PD

04/23/2002

Electronic Signature of Signing Officer or Director

Date