2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Sep 15, 2006 **DOCUMENT# 744796** Secretary of State

Entity Name: SARASOTA MEDICAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1950 ARLINGTON ST SARASOTA, FL 34239

Current Mailing Address: New Mailing Address:

200 S ORANGE AVE C/O J. HUGH MIDDLEBROOKS SARASOTA, FL 34236

FEI Number: 59-1944478 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROLPH, MICHAEL MIDDLEBROOKS, J. HUGH 1700 S TAMIAMI TRAIL 200 S. ORANGE AVENUE C/O PROPERTY MANAGEMENT SARASOTA, FL 34236 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: J. HUGH MIDDLEBROOKS 09/15/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ROLPH, MICHAEL HARRINGTON, MICHAEL Name: Name: Address:

1700 S TAMIAMI TRAIL Address: 1700 S TAMIAMI TRAIL SARASOTA, FL 34239 City-St-Zip: City-St-Zip: SARASOTA, FL 34239

Title: STD () Delete Title: (X) Change () Addition

Name: LANE, NELSON Name: LANE, NELSON Address: 1700 S TAMIAMI TRAIL Address: 1700 S TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34239 City-St-Zip: SARASOTA, FL 34239

Title: () Delete Title: (X) Change () Addition

TAYLOR, DEBORAH Name: TAYLOR, DEBORAH Name: Address: 1700 S TAMIAMI TRL Address: 1700 S TAMIAMI TRL City-St-Zip: SARASOTA, FL 34239 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 Chapter 119, 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: DEBORAH TAYLOR S 09/15/2006