May 07, 1999 8:00 am Secretary of State

05-07-1999 90112 008 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H91105

1. Corporation Name

SARASOTA MEDIATION CENTER, INC.

2	.,							
Principal Place of Business		Mailing Address				- FIND (B) HOND (NICH) HOND HOND MAIN AND AS AND	, 3 ; 811 P1011 4	11811 81811 1881
% PETER M. DE MANIO		% PETER M. DE MANIO						
2901 S. TAMIAMI TRAIL		2901 S. TAMIAMI TRAIL		DO NOT WRITE IN THIS S	PACE			
SARASOTA FL 34239		SARASOTA FL 34239		3. Date Incorporated or Qualifed				
						12/30/1985		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	Ар	plied For
21	305 0, Sudmisso	26				59-2616928	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22		27				5. Certificate of Status Desired	Fee Re	quired
City & State)	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country Zip Cou			ntry		8. This corporation owes the current year Intan	gible ZYes	□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registered Ag		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name								
DE MANIO, PETER M.								
2901 S. TAMIAMI TRAIL			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		•	
SARASOTA FL 34239			ŀ	83				-
-]				r	
				84	City	FL	85 Zip (Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab- office or registered agent, or both, in the State of Florida. Such change was authorized 					named corpo	oration submits this statement for the purpose of ch	anging its	registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligati	f Florida. Such change was a	utnonzea	by th	ie corporation	n's board of directors. I hereby accept the appoint	nent as re	gisiereu
-		,						ļ
SIGNATURE	Signature, typed or printed name of registered agent			Agent s	signature required		D.D.E.O.T.C	DD 01 40
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
ΠΊLE	DP	☐ DELETE	1.1 TITLE				Change	
NAME	DE MANIO, PETER M.		1.2 NAME					
STREET ADDRESS	2901 S. TAMIAMI TRAIL		1.3 STREE		Į.			į
CITY-ST-ZIP	SARASOTA FL	DELETE	_	TY-ST-	ZIP		Change	Addition
TITLE	S VOLNO POOCO I	₩ DELETE						
NAME	YOUNG, ROGER L.	2.2 N						
STREET ADDRESS	2901 S. TAMIAMI TRAIL		2.3 STREE					,
CITY-ST-ZiP	SARASOTA FL	DELETE	2.4 CITY-5		ZIP		Change	☐ Addition
TITLE			3.1 NAME			•		_
NAME					ADDRESS	'		
STREET ADDRESS			3.4. CITY-S					
CITY-ST-ZIP TITLE	_	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME		_		4,2 NAME				
STREET ADDRESS	i i		•		ADDRESS			
CITY-ST-ZIP	s f			TY-ST-				
TITLE	() ()	☐ DELETE	5.1 111				☐ Change	☐ Addition
NAME	•		5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET A	ADDRESS			
CITY-ST-ZIP			5.4 CIT	TY-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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

NAME

STREET ADDRESS

CITY+ST-ZIP

04-30-99 94/-366-1980

Change

Addition