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Jun 02, 2003 8:00 am
Secretary of State
05-05-2003 91166 006 ****61.25

5/5/

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005352

1. Entity Name
BREAST HEALTH SARASOTA, INC.

55045244

Principal Place of Business	Mailing Address
1700 S. TAMIAMI TRAIL SARASOTA, FL 34239-3555	1700 S. TAMIAMI TRAIL SARASOTA, FL 34239-3555

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
240 South Pineapple Avenue	P.O. Box 49948
Suite, Apt. #, etc. 10th Floor	Suite, Apt. #, etc.
City & State Sarasota, FL	City & State Sarasota, FL
Zip / Country 34236	Zip / Country 34230-6948

4. FEI Number
65-0945355
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARKE, DAN 707 S. WASHINGTON BLVD. SARASOTA, FL 34236	Name: Doerr, Kenneth D. Street Address (P.O. Box Number is Not Acceptable) 240 South Pineapple Avenue, 10th Floor City: Sarasota FL Zip Code: 34236

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kenneth D Doerr 4/25/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agents ignature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLARKE, DAN 707 S WASHINGTON BLVD SARASOTA, FL 34236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kaeb, Suellen 3221 Beneva Road, Unit 302, Building 8 Sarasota, FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MAUCK, JAN 1700 S TAMIAMI TRAIL SARASOTA, FL 34239	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Doyle-Vallery, Deanna 5741 Bee Ridge Road Sarasota, FL 34233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILSON, NANCY DR 1700 S TAMIMI TRAIL SARASOTA, FL 34239	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Thirion, Sandy 2050 Proctor Road, Ste. A Sarasota, FL 34231	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MAUCK, JAN 1700 S TAMIMI TRAIL SARASOTA, FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Dean, Susan 301 Gulf of Mexico Drive Longboat Key, FL 34228	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Suellen Kaeb Suellen Kaeb, President Apr-1 28 941-924-9066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President