


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000105887 1. Entity Name ISIS SARASOTA, INC.	
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Principal Place of Business 2 NORTH PALAFOX STREET PENSACOLA, FL 32502	Mailing Address 2 NORTH PALAFOX STREET PENSACOLA, FL 32502
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3757484	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCRORY, SONDR
 2 NORTH PALAFOX STREET
 PENSACOLA, FL 32502

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, SCOTT J 2 N PALAFOX STREET PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOSTER, DANA R 2 N PALAFOX STREET PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOLAN, JOHN J JR 2 N PALAFOX STREET PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREHERN, W. EDWARD 2 N PALAFOX STREET PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/28/05-80048-004 158.75

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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 607, 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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05 850-430-0187
 Date Daytime Phone #