2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P05000045020

Entity Name: MS MANAGEMENT OF SARASOTA, INC.

Current Principal Place of Business:

102 PORTOFINO DRIVE
N. VENICE, FL 34275

New Principal Place of Business:

Current Mailing Address:

102 PORTOFINO DRIVE
N. VENICE, FL 34275

New Mailing Address:

FEI Number: 20-2565445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALMER, BRIAN R CPA
2937 BEE RIDGE RD.
SUITE 2
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SWANSON, DONNA
Address: 102 PORTOFINO DR.
City-St-Zip: N VENICE, FL 34275

Title: D ( ) Delete
Name: SWANSON, SCOTT
Address: 102 PORTOFINO DRIVE
City-St-Zip: N VENICE, FL 34275

Title: VP ( ) Delete
Name: MUCCIARONE, STEVE
Address: 1268 FRASER PINE BLVD.
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete
Name: MUCCIARONE, CHERYL
Address: 1268 FRASER PINE BLVD.
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA L SWANSON P 04/15/2009

Electronic Signature of Signing Officer or Director — Date