

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744796

**Entity Name:** SARASOTA MEDICAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1950 ARLINGTON ST  
SARASOTA, FL 34239

**Current Mailing Address:**

50 CENTRAL AVENUE, 8TH FLOOR  
SARASOTA, FL 34236 US

**FEI Number: 59-1944478**

**Certificate of Status Desired: No**

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

CROSS STREET CORPORATE SERVICES, LLC  
50 CENTRAL AVENUE,  
8TH FLOOR,  
SARASOTA, FL 34236 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GARNER, M.D., KYLE L.  
Address 1700 S. TAMIAMI TRAIL  
City-State-Zip: SARASOTA FL 34239

Title VP  
Name SCHREIBMAN, M.D., DAVID  
Address 1700 S. TAMIAMI TRAIL  
City-State-Zip: SARASOTA FL 34239

Title ST  
Name VERINDER, DAVID  
Address 1700 S. TAMIAMI TRL  
City-State-Zip: SARASOTA FL 34239

*I hereby 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 all other like empowered.*

**SIGNATURE: DAVID VERINDER**

**ST**

**02/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date