

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000005674

**Entity Name:** SARASOTA ADDICTION RECOVERY ASSISTANCE, INC.

**Current Principal Place of Business:**

7151 TAMWORTH PKWY  
SARASOTA, FL 34241

**Current Mailing Address:**

7151 TAMWORTH PKWY  
SARASOTA, FL 34241 US

**FEI Number: 38-4039226**

**Certificate of Status Desired:** No

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

THORPE, DANIELLE  
7151 TAMWORTH PKWY  
SARASOTA, FL 34241 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/D  
Name THORPE, DANIELLE  
Address 7151 TAMWORTH PKWY  
City-State-Zip: SARASOTA FL 34241

Title V/T  
Name GALLIEN, TIM  
Address 7151 TAMWORTH PKWY  
City-State-Zip: SARASOTA FL 34241

Title D  
Name GARNER, JOSEPH  
Address 7151 TAMWORTH PKWY  
City-State-Zip: SARASOTA FL 34241

*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: DANIELLE THORPE**

**P/D**

**04/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date