

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 555813 (5)

1. Corporation Name

SARASOTA PROFESSIONAL SERVICES, INC.



Principal Place of Business

Mailing Address

2001 WEBBER STREETR
SARASOTA FL 34239

2001 WEBBER STREETR
SARASOTA FL 34239

3. Date Incorporated or Qualified	3a. Date of Last Report
12/21/1977	01/26/1995
4. FEI Number	Applied For Not Applicable
59-1726735	
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLACK, W. PEARSON, M.D.
2001 WEBBER ST
SARASOTA FL 34239

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature for person making the statement (must be typed)

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1. TITLE	☐ Change ☐ Addition
NAME	O'HARA, MICHAEL FRANCIS	12 NAME	
STREET ADDRESS	2001 WEBBER ST	13 STREET ADDRESS	
CITY-STATE-ZIP	SARASOTA, FL 00000	14 CITY-STATE-ZIP	
TITLE	PD	2. TITLE	☐ Change ☐ Addition
NAME	CLACK, W PEARSON	22 NAME	
STREET ADDRESS	2001 WEBBER ST	23 STREET ADDRESS	
CITY-STATE-ZIP	SARASOTA, FL 00000	24 CITY-STATE-ZIP	
TITLE	TD	3. TITLE	☐ Change ☐ Addition
NAME	SPENCER, J ROBERT	32 NAME	
STREET ADDRESS	2001 WEBBER ST	33 STREET ADDRESS	
CITY-STATE-ZIP	SARASOTA, FL 00000	34 CITY-STATE-ZIP	
TITLE	VD	4. TITLE	☐ Change ☐ Addition
NAME	WHITE, JAMES O.	42 NAME	
STREET ADDRESS	2001 WEBBER ST	43 STREET ADDRESS	
CITY-STATE-ZIP	SARASOTA, FL 00000	44 CITY-STATE-ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or by an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

2/8/96 941-362-8900

CR2E034 (12/95)