SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:06

DOCUMENT # **600564** **(9)**

1. Corporation Name

SARASOTA MEDICAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1630 S TUTTLE AVE **SARASOTA FL 34239**	**1630 S TUTTLE AVE** **SARASOTA FL 34239**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/13/1968	**05/01/1994**

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

4. FEI Number: **59-1224587** ☐ Applied For ☐ Not Applicable

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/will file for exemption to tax under s. 190.032 Florida Statutes ☐ YES ☐ NO

9. Name and Address of Current Registered Agent

BINNS, JOHN O.
1630 S TUTTLE AVE
SARASOTA FL 34239

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1508, 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

(Typed or printed name of registered agent and title if agent is a corporation) (Typed or printed name of registered agent if agent is a natural person) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A, C)	
31 Title	**PD**	31 Title	☐ Change ☐ Addition
32 Name	**BINNS, JOHN O**	32 Name	
33 Street Address	**1630 S TUTTLE AVE**	33 Street Address	
34 City-St-Zip	**SARASOTA FL**	34 City-St-Zip	
35 Title	**S**	35 Title	☐ Change ☐ Addition
36 Name	**HARRIS, LEE S**	36 Name	
37 Street Address	**1630 S TUTTLE AVE**	37 Street Address	
38 City-St-Zip	**SARASOTA FL**	38 City-St-Zip	
39 Title	**V**	39 Title	☐ Change ☐ Addition
40 Name	**BLACKLOW, DANIEL J**	40 Name	
41 Street Address	**1630 S TUTTLE AVE**	41 Street Address	
42 City-St-Zip	**SARASOTA FL**	42 City-St-Zip	
43 Title	**T**	43 Title	☐ Change ☐ Addition
44 Name	**DAIELLO, DAVID, C**	44 Name	
45 Street Address	**1630 S TUTTLE AVE**	45 Street Address	
46 City-St-Zip	**SARASOTA FL**	46 City-St-Zip	
47 Title	**P**	47 Title	☐ Change ☐ Addition
48 Name	**COHEN, LOUIS M.**	48 Name	
49 Street Address	**1630 S. TUTTLE AVE.**	49 Street Address	
50 City-St-Zip	**SARASOTA FL**	50 City-St-Zip	
51 Title	**D**	51 Title	☐ Change ☐ Addition
52 Name	**STUTZ, DAVID R.**	52 Name	
53 Street Address	**1630 S. TUTTLE AVE.**	53 Street Address	
54 City-St-Zip	**SARASOTA FL**	54 City-St-Zip	

CR2E034 (3/95)

14. (A) I hereby certify that the information supplied with this filing is accurately recorded and does not qualify for the exemption stated in Section 119.07(3)(i), 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 1 or Block 13 above, or on an attachment with an address.

SIGNATURE: X _____ Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-95 (813) 366 2460
Date Daytime Telephone Number

0110004 CP