2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 706964

1. Entity Name
SARASOTA MEDICAL FOUNDATION INC

Principal Place of Business	Mailing Address
2033 WOOD ST. 218 SARASOTA FLA, 34237 US	P.O BOX 4009 SARASOTA, FL 34230 US

02062008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-6194067
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WINDOM, ROBERT E
5450 EAGLES POINT CIR #403
SARASOTA, FL 34231

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KENNEDY, KATHLEEN M
STREET ADDRESS	2750 BAHIA VISTA
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	D
NAME	LERNER, BRAD S
STREET ADDRESS	1921 WALDEMERE STREET
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	DP
NAME	WINDOM, ROBERT E
STREET ADDRESS	5450 EAGLE PT CIRCLE #403
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	ROBINSON, BRUCE
STREET ADDRESS	1700 S TAMIAMI TRAIL
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	VD
NAME	HAUTAMAKI, RAYMOND D.
STREET ADDRESS	1895 FLOYD STREET
CITY-ST-ZIP	SARASOTA, FL
TITLE	DST
NAME	WINDOM, HUGH H
STREET ADDRESS	4040 SAWYER ROAD
CITY-ST-ZIP	SARASOTA, FL 34233

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03/05/08-80044-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Windom 2/20/08 941-320-6377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

~~ROBERT E. WINDOM, AS PRESIDENT~~