

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706964

FILED
Mar 01, 2010
Secretary of State

Entity Name: SARASOTA MEDICAL FOUNDATION INC

Current Principal Place of Business:

2033 WOOD ST.
218
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 4009
SARASOTA, FL 34230 US

New Mailing Address:

FEI Number: 59-6194067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: KENNEDY, KATHLEEN M
Address: 2750 BAHIA VISTA
City-St-Zip: SARASOTA, FL 34239

Title: D
Name: LERNER, BRAD S
Address: 1921 WALDEMERE STREET
City-St-Zip: SARASOTA, FL 34239

Title: DP
Name: WINDOM, ROBERT E
Address: 5450 EAGLE PT CIRCLE #403
City-St-Zip: SARASOTA, FL 34231

Title: D
Name: ROBINSON, BRUCE
Address: 1700 S TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: VD
Name: HAUTAMAKI, RAYMOND D.
Address: 2130 SOUTH TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DST
Name: WINDOM, HUGH H
Address: 4040 SAWYER ROAD
City-St-Zip: SARASOTA, FL 34233

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: ROBERT E. WINDOM

PRES

03/01/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date