

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706964

FILED  
Feb 08, 2012  
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: DP  
Name: WINDOM, ROBERT E  
Address: 5450 EAGLE PT CIRCLE #403  
City-St-Zip: SARASOTA, FL 34231

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

Title: D  
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

P

02/08/2012

Electronic Signature of Signing Officer or Director

Date