

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90133 021 ****61.25

DOCUMENT # 707901																	
1. Entity Name SARASOTA COUNTY MEDICAL SOCIETY, INC.																	
Principal Place of Business 342 TAMiami TrL S STE. 201 NOKOMIS, FL 34275-3166			Mailing Address 342 TAMiami TrL S STE. 201 NOKOMIS, FL 34275-3166														
2. Principal Place of Business 4153 CLARK ROAD		3. Mailing Address 4153 CLARK ROAD															
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162006 Chg-NP CR2E037 (11/05)													
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 59-0825010													
Zip 34233		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required													
6. Name and Address of Current Registered Agent BECKETT SHADY-KING 342 TAMiami TrL S STE. 201 NOKOMIS, FL 34275-3166			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> <td colspan="2">BECKETT SHADY-KING</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="2">4153 CLARK ROAD</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">SARASOTA</td> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code 34233</td> </tr> </table>			Name		BECKETT SHADY-KING		Street Address (P.O. Box Number is Not Acceptable)		4153 CLARK ROAD		City	SARASOTA	FL	Zip Code 34233
Name		BECKETT SHADY-KING															
Street Address (P.O. Box Number is Not Acceptable)		4153 CLARK ROAD															
City	SARASOTA	FL	Zip Code 34233														
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. <table style="width:100%;"> <tr> <td style="width:40%; vertical-align: bottom;"> SIGNATURE <i>Beckett Shady-King</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)</small> </td> <td style="width:60%; vertical-align: bottom;"> DATE <i>02.28.06</i> </td> </tr> </table>						SIGNATURE <i>Beckett Shady-King</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)</small>	DATE <i>02.28.06</i>										
SIGNATURE <i>Beckett Shady-King</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)</small>	DATE <i>02.28.06</i>																
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State													
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10														
TITLE	DPP	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition												
NAME	KAPLAN, HAROLD		NAME	KENNEDY, KATHLEEN													
STREET ADDRESS	200 AVENIDA DES PARQUES N		STREET ADDRESS	2750 BAHIA VISTA ST													
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	SARASOTA FL 34239													
TITLE	DST	<input type="checkbox"/> Delete	TITLE	DPE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
NAME	ERQUIAGA, EUGENIO		NAME														
STREET ADDRESS	512 S NOKIMIS AVE.		STREET ADDRESS														
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP														
TITLE	DPE	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
NAME	CORCORAN, JOSEPH C		NAME														
STREET ADDRESS	5741 BEE RIDGE RD #390		STREET ADDRESS														
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP														
TITLE	DEVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition												
NAME	SHADY-KING, BECKETT		NAME														
STREET ADDRESS	342 TAMiami TrL S., STE. 201		STREET ADDRESS														
CITY-ST-ZIP	NOKOMIS, FL 342753166		CITY-ST-ZIP														
TITLE	DPP	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition												
NAME	BRIGHT, ADAMS S		NAME	PATETE, MICHAEL													
STREET ADDRESS	4937 CLARK RD.		STREET ADDRESS	213 PALERMO PL													
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP	VENICE FL 34285													
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DPP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
NAME	CAMPBELL, DAVID		NAME														
STREET ADDRESS	1921 WALDEMERE ST.		STREET ADDRESS														
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP														
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: <i>Beckett Shady-King</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: <i>02.28.06</i> Date														
DAYTIME PHONE: <i>941.966.3184</i> Daytime Phone #																	