

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90179 024 \*\*\*\*61.25

**DOCUMENT # 712669**

1. Entity Name

**SARASOTA COUNTY MEDICAL SOCIETY ALLIANCE  
FOUNDATION, INC.**



Principal Place of Business

**342 SOUTH TAMIAMI TRAIL STE 201  
NOKOMIS FL 34275**

Mailing Address

**2999 S. TAMIAMI TRAIL  
SARASOTA FL 34239**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**59-6149170**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIHALEY, LORI-NAN  
2999 S. TAMIAMI TRAIL  
SARASOTA FL 34239**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Delete
P	SILVERMAN, BONNIE	1404 N. LAKESHORE DR	SARASOTA	FL	34231	
V	LEPORE, TINA	1219 EAST AVE S. SUITE 301	SARASOTA	FL	34239	
T	LAKOMY, JANET M	4534 EAGLE RIDGE LN	SARASOTA	FL	34238	
S	DINGLE, KAREN	4757 HISEL AVE	SARASOTA	FL	34242	
						<input type="checkbox"/> Delete
						<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Agrawal, Mary	4909 Sabal Lake Circle	Sarasota	FL	34238		
V	Sugar, Stephanie	2504 Colony Terrace	Sarasota	FL	34239		
						<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S	Silverman, Rachel	7641 Donald Ross Road, West	Sarasota	FL	34240		
						<input type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Janet M Lakomy* Janet M Lakomy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/07

941-921  
7409