

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90039 010 ****61.25

DOCUMENT # 712669 1. Entity Name SARASOTA COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION, INC.	
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Principal Place of Business 342 SOUTH TAMIAMI TRAIL STE 201 NOKOMIS FL 34275	Mailing Address 2999 S. TAMIAMI TRAIL SARASOTA FL 34239
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-6149170	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MIHALEY, LORI-NAN 2999 S. TAMIAMI TRAIL SARASOTA FL 34239

7. Name and Address of New Registered Agent	
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 and title when restoring) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	P DARAWAL, MARY 4909 SABAL LAKE CIRCLE SARASOTA FL 34238 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SUGAR, STEPHANIE 2504 COLONY TERRACE SARASOTA FL 34239 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LAKOMY, JANET M 4534 EAGLE RIDGE LN SARASOTA FL 34238 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SILVERMAN, RACHAEL 7691 DONALD ROSS ROAD, WEST SARASOTA FL 34240 ☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Phyllis Weitzner 7611 Alister MacKenzie Drive Sarasota, FL 34240 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 3/17/08

941-921-7409