

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712669

FILED
Jan 06, 2009
Secretary of State

Entity Name: SARASOTA COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION, INC.

Current Principal Place of Business:

4153 CLARK ROAD
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

2999 S. TAMIAMI TRAIL
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 59-6149170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIHALEY, LORI-NAN
2999 S. TAMIAMI TRAIL
SARASOTA, FL 34239 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: P () Delete
Name: DARAWAL, MARY
Address: 3264 WALTER TRAVIS DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: VP () Delete
Name: SUGAR, STEPHANIE
Address: 2524 COLONY TERRACE
City-St-Zip: SARASOTA, FL 34239

Title: T () Delete
Name: LAKOMY, JANET M
Address: 4534 EAGLE RIDGE LN
City-St-Zip: SARASOTA, FL 34238

Title: S () Delete
Name: SILVERMAN, RACHEL
Address: 7691 DONALD ROSS ROAD WEST
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: REEDER, SUSIE
Address: 1125 NORTH LAKE SHORE DRIVE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JANET LAKOMY

T

01/06/2009

Electronic Signature of Signing Officer or Director

Date