## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 17, 2006 8:00 am **Secretary of State DOCUMENT # 726207** 1. Entity Name 02-17-2006 90070 032 \*\*\*\*61.25 DOCTORS GARDENS ASSOCIATION, INC. Principal Place of Business Mailing Address 1880 ARLINGTON STREET 1880 ARLINGTON STREET SUITE 101 SUITE 101 SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-1471804 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRINBERG, MARC A M.D. Street Address (P.O. Box Number is Not Acceptable) 1880 ARLINGTON STREET **SUITE 101** SARASOTA FL 34239 City 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 il applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 THE STATE OF THE S Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE Change Addition FLIPPEN, DENA NAME NAME 1700 S. TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE SULLIVAN, J.E. MD NAME NAME 1880 ARLINGTON ST STREET ADDRESS STREET ADDRESS CITY-SY-ZIP SARASOTA FL-34239 CiTY-ST-7iP \_☐ Chango.——☐ Addition TITLE ☐ Delete TITLE GRINBERG, MARC A NAME NAME STREET ADDRESS 1880 ARLINGTON ST STREET ADDRESS CITY-ST-7IP SARASOTA FL 34239 CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE LISZEWSKI, K. DMD NAME NAME STREET ADDRESS 1880 ARLINGTON ST STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE KELLY, THOMAS MD NAME 1880 ARLINGTON ST STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME

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yot qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information the and that my signature shall have the same legal effect as it made under oath; that I am an officer or director fite this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 like empowered. indicated on this report or supplemental report is true of the corporation or the receiver or trustee endow if changed, or on an attachment with an addition, with

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: X

12. I hereby certify that the information supplied with this fi