

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

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90096 046 *****70.00

DOCUMENT # 726207

1. Entity Name

DOCTORS GARDENS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1880 ARLINGTON STREET
SUITE 101
SARASOTA FL 34239

1880 ARLINGTON STREET
SUITE 101
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

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-1471804

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

GRINBERG, MARC A M.D.
1880 ARLINGTON STREET
SUITE 101
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: V ☐ Delete
NAME: SULLIVAN, J.E. MD
STREET ADDRESS: 1880 ARLINGTON ST
CITY- ST- ZIP: SARASOTA FL 34239

TITLE: ☒ Change ☐ Addition
NAME: O/V
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ST ☐ Delete
NAME: GRINBERG, MARC A
STREET ADDRESS: 1880 ARLINGTON ST
CITY- ST- ZIP: SARASOTA FL 34239

TITLE: ☒ Change ☐ Addition
NAME: O/ST
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: D ☐ Delete
NAME: LISZEWSKI, K. DMD
STREET ADDRESS: 1880 ARLINGTON ST
CITY- ST- ZIP: SARASOTA FL 34239

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: P ☐ Delete
NAME: KELLY, THOMAS MD
STREET ADDRESS: 1880 ARLINGTON ST
CITY- ST- ZIP: SARASOTA FL 34239

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: D ☒ Delete
NAME: ROLPR, MIKE
STREET ADDRESS: 1700 S. TAMiami TRAIL
CITY- ST- ZIP: SARASOTA FL 34239

TITLE: ☐ Change ☒ Addition
NAME: D Taylor, Deb
STREET ADDRESS: 1700 S. Tamiami Trail
CITY- ST- ZIP: Sarasota, FL 34239

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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:

Marc A. Grinberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 29, 2007 941-366-7611
Date Daytime Phone #