

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

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # 726207			
1. Entity Name DOCTORS GARDENS ASSOCIATION, INC.			
Principal Place of Business 1880 ARLINGTON STREET SUITE 101 SARASOTA FL 34239		Mailing Address 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	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GRINBERG, MARC A M.D. 1880 ARLINGTON STREET SUITE 101 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 is required (NOTE: Registered Agent signature is required with reinstatement) DATE			



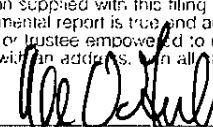
1st MOORE CR2E037 (10/07)

4. FEI Number 59-1471804	Applied For ☐	Not Applicable ☒
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV SULLIVAN, J.E. MD ☐ Delete 1880 ARLINGTON ST SARASOTA FL 34239	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition U000000864207 04/04/08-80004-011 70.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST GRINBERG, MARC A ☐ Delete 1880 ARLINGTON ST SARASOTA FL 34239	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LISZEWSKI, K. DMD ☐ Delete 1880 ARLINGTON ST SARASOTA FL 34239	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P KELLY, THOMAS MD ☐ Delete 1880 ARLINGTON ST SARASOTA FL 34239	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TAYLOR, DEB ☐ Delete 1700 S TAMiami TRAIL SARASOTA FL 34239	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	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, in all other like empowered.

SIGNATURE:  **MARC A. GRINBERG, MD 3/13/2008**