2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# 726207

Entity Name: DOCTORS GARDENS ASSOCIATION, INC.

Current Principal Place of Business:

1880 ARLINGTON STREET
SUITE 101
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1880 ARLINGTON STREET
SUITE 101
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 59-1471804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRINBERG, MARC A M.D.
1880 ARLINGTON STREET
SUITE 101
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:	DV	( ) Delete
Name:	SULLIVAN, J.E. MD	
Address:	1880 ARLINGTON ST	
City-St-Zip:	SARASOTA, FL 34239	
Title:	DST	( ) Delete
Name:	GRINBERG, MARC A	
Address:	1880 ARLINGTON ST	
City-St-Zip:	SARASOTA, FL 34239	
Title:	D	( ) Delete
Name:	LISZEWSKI, K. DMD	
Address:	1880 ARLINGTON ST	
City-St-Zip:	SARASOTA, FL 34239	
Title:	P	( ) Delete
Name:	KELLY, THOMAS MD	
Address:	1880 ARLINGTON ST	
City-St-Zip:	SARASOTA, FL 34239	
Title:	D	( ) Delete
Name:	TAYLOR, DEB	
Address:	1700 S TAMIAMI TRAIL	
City-St-Zip:	SARASOTA, FL 34239	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
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: MARC A GRINBERG DST 07/01/2009
Electronic Signature of Signing Officer or Director — Date