

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735050

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC.

**Current Principal Place of Business:**

1515 S. OSPREY AVENUE  
BLDG. B-4  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

**Current Mailing Address:**

1515 S. OSPREY AVENUE  
BLDG. B-4  
SARASOTA, FL 34239 US

**New Mailing Address:**

**FEI Number:** 51-0188568      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARSHALL, ELIZABETH C  
WILLIAMS PARKER HARRISON DIETZ & GETZEN  
200 S ORANGE AVE  
SARASOTA, FL 34236 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: CT  
Name: STANFORD, WILLIAM A  
Address: 1515 S. OSPREY AVENUE, BLDG. B-4  
City-St-Zip: SARASOTA, FL 34239 US

Title: PT  
Name: QUARLES, ALEXANDRA  
Address: 1515 S. OSPREY AVENUE, BLDG. B-4  
City-St-Zip: SARASOTA, FL 34239 US

Title: ST  
Name: WEISS, WILLIAM L  
Address: 1515 S. OSPREY AVENUE, BLDG. B-4  
City-St-Zip: SARASOTA, FL 34239 US

Title: T  
Name: ROWE, DONALD H  
Address: 1515 S. OSPREY AVENUE, BLDG. B-4  
City-St-Zip: SARASOTA, FL 34239 US

Title: TT  
Name: LEVY, LOUIS E  
Address: 1515 S. OSPREY AVENUE, BLDG. B-4  
City-St-Zip: SARASOTA, FL 34239 US

Title: VT  
Name: WISE, MARGARET  
Address: 1515 S. OSPREY AVENUE, BLDG B-4  
City-St-Zip: SARASOTA, FL 34239 US

I hereby 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 all other like empowered.

SIGNATURE: ALEXANDRA QUARLES

PT

01/04/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date