

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735050

FILED
Feb 23, 2011
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:

CROSS STREET CORPORATE SERVICES, LLC
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 US

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: J. HUGH MIDDLEBROOKS

02/23/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: TT
Name: ENGLISH, LAWRENCE P
Address: 1515 S. OSPREY AVENUE, BLDG. B-4
City-St-Zip: SARASOTA, FL 34239 US

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

Title: T
Name: STANFORD, WILLIAM A
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

02/23/2011

Electronic Signature of Signing Officer or Director

Date