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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 762332

1. Corporation Name

SARASOTA MEMORIAL HOME CARE, INC.

Principal Place of Business

6075 RAND BLVD  
SARASOTA FL 34238  
US

Mailing Address

1700 SOUTH TAMiami TRAIL  
SARASOTA FL 34239



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

03/09/1982

4. FEI Number

59-2189971

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

COVERT, MICHAEL H  
1700 SOUTH TAMiami TRAIL  
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

J. Hugh Middlebrooks, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

200 S. Orange Avenue

83

84 City

Sarasota

FL

85

Zip Code  
34236

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent; or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/99

12. OFFICERS AND DIRECTORS

TITLE DVC ☐ DELETE

NAME ALBERTSON, DONALD L  
STREET ADDRESS 4136 WOODVIEW DRIVE  
CITY-ST-ZIP SARASOTA FL

TITLE PD ☐ DELETE

NAME COVERT, MICHAEL  
STREET ADDRESS 1700 S TAMiami TR  
CITY-ST-ZIP SARASOTA FL

TITLE T ☒ DELETE

NAME PHILLIPS, GERALD  
STREET ADDRESS 1700 SOUTH TAMiami TRAIL  
CITY-ST-ZIP SARASOTA FL

TITLE ATD ☐ DELETE

NAME MOSS, MARTIN  
STREET ADDRESS 1535 HARBOR PLACE  
CITY-ST-ZIP SARASOTA FL

TITLE S ☐ DELETE

NAME BARCOMB, DONNA  
STREET ADDRESS 1700 SOUTH TAMiami TRAIL  
CITY-ST-ZIP SARASOTA FL

TITLE C ☐ DELETE

NAME STRASSER, ROBERT K  
STREET ADDRESS 3810 OAKLEY GREEN  
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman ☐ Change ☒ Addition

1.2 NAME Robert P. Hebert

1.3 STREET ADDRESS P.O. Box 175

1.4 CITY-ST-ZIP Venice, FL 34284

2.1 TITLE Secretary ☒ Change ☐ Addition

2.2 NAME Phyllis J. Cobb

2.3 STREET ADDRESS 761 John Ringling

2.4 CITY-ST-ZIP Sarasota, FL 34236

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Member ☐ Change ☒ Addition

4.2 NAME Thomas Kelly, MD

4.3 STREET ADDRESS 1880 Arling Street

4.4 CITY-ST-ZIP Sarasota, FL 34239

5.1 TITLE Asst. Treasurer ☐ Change ☒ Addition

5.2 NAME Neil Burnside

5.3 STREET ADDRESS 548 Silk Oak Drive

5.4 CITY-ST-ZIP Venice, FL 34293

6.1 TITLE Asst. Secretary ☐ Change ☒ Addition

6.2 NAME William E. Lyons

6.3 STREET ADDRESS 1241 Gulf of Mexico Drive

6.4 CITY-ST-ZIP Longboat Key, FL 34228

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/99

941-917-2498

CR2E037 (1/98)