

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**  
 09-06-2000 90089 003 \*\*\*\*61.25

**DOCUMENT # 762332**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2189971**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIDDLEBROOKS, J H  
 200 S ORANGE AVE  
 SARASOTA FL 34236**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVC** ☐ Delete  
 NAME **ALBERTSON, DONALD L**  
 STREET ADDRESS **4136 WOODVIEW DRIVE**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE **DAS** ☒ Change ☐ Addition  
 NAME **ALBERTSON, DONALD L.**

TITLE **PD** ☒ Delete  
 NAME **COVERT, MICHAEL**  
 STREET ADDRESS **1700 S TAMiami TR**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE **P** ☐ Change ☒ Addition  
 NAME **FINLAY, G. DUNCAN, M.D.**  
 STREET ADDRESS **1700 S. TAMiami TRAIL**  
 CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **C** ☐ Delete  
 NAME **HEBERT, ROBERT P**  
 STREET ADDRESS **PO BOX 175**  
 CITY-ST-ZIP **VENICE FL 34284**

TITLE **DSVC** ☒ Change ☐ Addition  
 NAME **HEBERT, ROBERT P.**

TITLE **ATD** ☐ Delete  
 NAME **MOSS, MARTIN**  
 STREET ADDRESS **1535 HARBOR PLACE**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ Change ☐ Addition  
 NAME **MOSS, MARTIN**

TITLE **S** ☐ Delete  
 NAME **BARCOMB, DONNA**  
 STREET ADDRESS **1700 SOUTH TAMiami TRAIL**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE **DCVP** ☒ Change ☐ Addition  
 NAME **BARCOMB, DONNA**

TITLE **C** ☐ Delete  
 NAME **STRASSER, ROBERT K**  
 STREET ADDRESS **3810 OAKLEY GREEN**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE **DAT** ☒ Change ☐ Addition  
 NAME **STRASSER, ROBERT K.**

12. 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 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 with all other life empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

Attachment doc #  
762332  
A0075400

**ATTACHMENT TO 2000**  
**UNIFORM BUSINESS REPORT FOR**  
**SARASOTA MEMORIAL HOME CARE, INC.**  
**762332**

11. Additions/Changes to Officers and Directors

Addition

DFVC

LYONS, WILLIAM E.

1700 S. TAMIAMI TRAIL

SARASOTA, FL 34239

DS

COBB, PHYLLIS J.

1700 S. TAMIAMI TRAIL

SARASOTA, FL 34239

DT

BURNSIDE, NEIL

1700 S. TAMIAMI TRAIL

SARASOTA, FL 34239

D

KELLY, THOMAS, M.D.

1700 S. TAMIAMI TRAIL

SARASOTA, FL 34239