

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED

Mar 01, 2001 8:00 am
Secretary of State

02-01-2001 90063 005 ****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

4. FEI Number

59-2189971

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DVC ALBERTSON, DONALD L 4136 WOODVIEW DRIVE SARASOTA FL "D"	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COVERT, MICHAEL 1700 S TAMiami TR SARASOTA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HEBERT, ROBERT P PO BOX 175 VENICE FL 34284	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD MOSS, MARTIN 1535 HARBOR PLACE SARASOTA FL "D"	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARCOMB, DONNA 1700 SOUTH TAMiami TRAIL SARASOTA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STRASSER, ROBERT K 3810 OAKLEY GREEN SARASOTA FL "D"	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALBERTSON, DONALD L 4136 WOODVIEW DRIVE SARASOTA FL "D"	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LYONS, WILLIAM E 1241 GULE OF MEXICO DRIVE LONGBOAT KEY FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNSIDE, NEIL 1723 DOGLE DRIVE VENICE FL "D"	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MOSS, MARTIN 1535 HARBOR PLACE SARASOTA FL "D"	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COBB, PHYLLIS J 761 JOHN RINGLING BLVD APT A5 SARASOTA FL "D"	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLY, THOMAS 1880 ARLINGTON STREET SARASOTA FL "D"	☐ Change ☒ Addition

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 like empowered.

SIGNATURE:

DONALD J. RUTHERFORD
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-917-7730

Daytime Phone #

CR2E037 (10/00)