

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770054

FILED
Mar 27, 2012
Secretary of State

Entity Name: THE MEDICAL CENTER OF SARASOTA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3701 SOUTH OSPREY AVE
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

3701 SOUTH OSPREY AVE
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 59-2494724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROGRESSIVE COMMUNITY MGMT. INC
3701 SOUTH OSPREY AVE
SARASOTA, FL 34239 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: PD
Name: FLEENER, CAROLA DR
Address: 3701 SOUTH OSPREY AVE
City-St-Zip: SARASOTA, FL 34239

Title: VPD
Name: RASMUSSEN, WAYNE
Address: 3701 SOUTH OSPREY AVE
City-St-Zip: SARASOTA, FL 34239

Title: TD
Name: HURVITZ, LAWRENCE M DR
Address: 3701 SOUTH OSPREY AVE
City-St-Zip: SARASOTA, FL 34239

Title: SD
Name: LEICHTER, PAUL DR
Address: 3701 SOUTH OSPREY AVE
City-St-Zip: SARASOTA, FL 34239

Title: AS
Name: MARKEL, JIM
Address: 3701 SOUTH OSPREY AVE
City-St-Zip: SARASOTA, FL 34239

Title: AT
Name: SUTTON, WILLIAM
Address: 3701 SOUTH OSPREY AVE
City-St-Zip: SARASOTA, FL 34239

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: WILLIAM SUTTON

AT

03/27/2012

Electronic Signature of Signing Officer or Director

Date