2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 AM
Secretary of State

DOCUMENT# F47236

Entity Name: MCALPINE (SARASOTA MEDICAL), INC.

Current Principal Place of Business:

1100 SOUTH 5TH AVE
STE 201
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

1100 SOUTH 5TH AVE
STE 201
NAPLES, FL 33940 US

New Mailing Address:

1100 SOUTH 5TH AVE
STE 201
NAPLES, FL 34102 US

FEI Number: 59-2145543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
% SHUTTS & BOWEN
201 S BISCAYNE BLVD
MIAMI, FL 33131 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DPT	( ) Delete
Name:	WANKLYN, JOHN A.	
Address:	1100 SOUTH 5TH AVE #201	
City-St-Zip:	NAPLES, FL 34102	
Title:	SD	( ) Delete
Name:	CONNOR, SYLVIA	
Address:	1486 NORTHGATE DRIVE	
City-St-Zip:	NAPLES, FL 34105	
Title:	AS	( ) Delete
Name:	DEPAUW, ANJA	
Address:	4921 22ND AVE SW	
City-St-Zip:	NAPLES, FL 34116	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A WANKLYN P 04/18/2002

Electronic Signature of Signing Officer or Director Date