

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F47236

FILED
Apr 22, 2003
Secretary of State

Entity Name: MCALPINE (SARASOTA MEDICAL), INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

1100 FIFTH AVENUE SOUTH
STE 201
NAPLES, FL 34102 US

New Mailing Address:

1100 FIFTH AVENUE SOUTH
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

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 (X) 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

04/22/2003

Electronic Signature of Signing Officer or Director

Date