


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000005106 (0)**

1. Corporation Name

**ROCHESTER SARASOTA, INC.**

Principal Place of Business

**C/O ARFC 228 E MAIN ST  
STE 300  
ROCHESTER NY 14804  
US**

Mailing Address

**C/O ARFC, 228 E MAIN ST  
STE 300  
ROCHESTER NY 14804  
US**



3. Date Incorporated or Qualified

**11/12/1993**

3a. Date of Last Report

**04/23/1996**

2. Principal Place of Business

2a. Mailing Address

<b>21</b>	Suite, Apt. #, etc.	<b>26</b>	Suite, Apt. #, etc.
<b>22</b>	City & State	<b>27</b>	City & State
<b>23</b>	Zip	<b>28</b>	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

4. FEI Number

**16-1448185**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

<b>81</b>	Name
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>	
<b>84</b>	City
<b>FL</b>	<b>85</b> Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAHANY, ROBERT N</b>	1.2 NAME	
STREET ADDRESS	<b>228 E. MAIN STREET, STE. 300</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ROCHESTER NY</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VAS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KORN, GERALD B</b>	2.2 NAME	
STREET ADDRESS	<b>235 E. MAIN ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ROCHESTER NY 14804</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLEARY, E. GARRETT</b>	3.2 NAME	<b>GERALD B. KORN</b>
STREET ADDRESS	<b>180 E. MAIN ST.</b>	3.3 STREET ADDRESS	<b>328 E MAIN ST, STE 300</b>
CITY - ST - ZIP	<b>ROCHESTER NY 14804</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEGONI, MARTHA L</b>	4.2 NAME	<b>JEFFREY M. PARKER</b>
STREET ADDRESS	<b>228 E. MAIN STREET, STE. 300</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ROCHESTER NY</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**GERALD B. KORN** 3/31/97 (716) 238-8865  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)