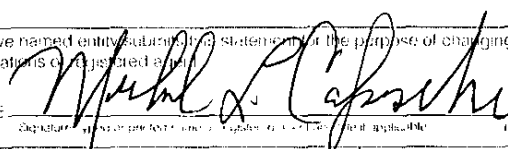
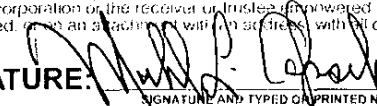


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90099 044 ***150.00

DOCUMENT # G73297					
1. Entity Name SARASOTA HEALTH AND FINANCIAL SERVICES, INC.					
Principal Place of Business 1345 MAIN ST SUITE A SARASOTA, FL 34236 US			Mailing Address 1345 MAIN ST SUITE A SARASOTA, FL 34236 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FFI Number 59-2530604	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPIERSEHO MICHEAL L 392 PARK TRACE DR OSPREY, FL 34229			7. Name and Address of New Registered Agent Name: CAPIERSEHO MICHAEL L. Street Address (P.O. Box Number is Not Acceptable): 101 S. Gulfstream Ave, Apt 8G City: Sarasota FL Zip Code: 34236		
8. The above named entity, by filing this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. SIGNATURE:  3-8-07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P CAPIERSEHO, MICHAEL L. 101 S GULF STREAM AVE APT 8G SARASOTA, FL 34236 ☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D CAPIERSEHO, LINDA S. 4215 CARRIAGE DRIVE SARASOTA, FL 34241 ☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, and as an attached with an address with all other like empowered.					
SIGNATURE: 			Michael L. Capierscho		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3-8-07 941-366-5656		

60022681

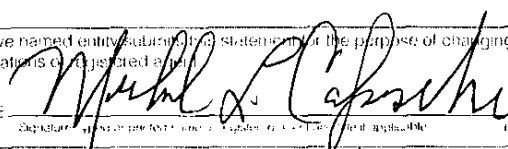


03082007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

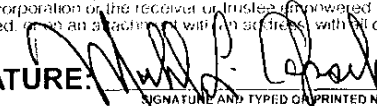
7. Name and Address of New Registered Agent
Name: CAPIERSEHO MICHAEL L.
Street Address (P.O. Box Number is Not Acceptable):
101 S. Gulfstream Ave, Apt 8G
City: Sarasota FL Zip Code: 34236

8. The above named entity, by filing this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  3-8-07

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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SIGNATURE:  Michael L. Capierscho
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 3-8-07 941-366-5656