

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Sep 11, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # H89342**

1. Entity Name  
**SARASOTA FAMILY MEDICAL WALK-IN AND  
DIAGNOSTIC CLINIC, INC.**



Principal Place of Business  
**6813 SOUTH TAMiami TRAIL  
SARASOTA, FL 34231**

Mailing Address  
**6813 SOUTH TAMiami TRAIL  
SARASOTA, FL 34231**



08302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2605418</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**COOPER, FRANCES G ESQ  
901 VENETIA BAY BLVD  
SUITE 357  
VENICE, FL 34229**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PS
NAME	MASON, CLAUDE J MD
STREET ADDRESS	154 LOOK-OUT POINT DR
CITY-ST-ZIP	OSPREY, FL 34229

TITLE	VPT
NAME	MEYER, JOHN W JR
STREET ADDRESS	521 HARBOR WAY
CITY-ST-ZIP	LONGBOAT KEY, FL 34228

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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09/11/07-80007-010 558.75

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, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/07

941 923-5841