

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H89342

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

6813 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

6813 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:** 59-2605418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: MASON, CLAUDE J MD  
Address: 154 LOOK-OUT POINT DR  
City-St-Zip: OSPREY, FL 34229

Title: VPT  
Name: MEYER, JOHN W JR  
Address: 521 HARBOR WAY  
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby 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 all other like empowered.

SIGNATURE: CLAUDE MASON

P

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date