

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001246

1. Entity Name
SARASOTA HEALTH GROUP, LLC

FILED

01 JAN 19 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8445 CESSNA DRIVE
NEW PORT RICHEY FL 34654

Mailing Address
8445 CESSNA DRIVE
NEW PORT RICHEY FL 34654

2. Principal Place of Business
2803 FRUITVILLE RD
Suite, Apt. #, etc.

3. Mailing Address
2803 FRUITVILLE RD
Suite, Apt. #, etc.

City & State
SARASOTA FL

Zip
34237

Country
USA

4. FEI Number
59-3627960

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KALTENBACH, DONALD F
8445 CESSNA DRIVE
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
KALTENBACH, DONALD F
8445 CESSNA DRIVE
NEW PORT RICHEY FL 34654

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEMBER
MICHAEL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

500003576235--5
-01/26/01--01040--022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEMBER
MICHAEL J. DATTOLI MD
520 BLUE HERON DR
ANNA MARIE ISLAND, FL 34216

*****50.00 *****50.00
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEMBER
RICHARD A. SORIANO MD, PhD
16502 AVILA BLVD
TAMPA, FL 33615

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)