

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90019 009 \*\*\*\*50.00

**DOCUMENT # L00000001246**

1. Entity Name

**SARASOTA HEALTH GROUP, LLC**

Principal Place of Business

**2803 FRUITVILLE RD.  
SARASOTA FL 34237**

Mailing Address

**2803 FRUITVILLE RD.  
SARASOTA FL 34237**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
 NAME KALTENBACH, DONALD F  
 STREET ADDRESS 8445 CESSNA DRIVE  
 CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE MEM ☐ Delete  
 NAME DATTOLI, MICHAEL J MD  
 STREET ADDRESS 520 BLUE HERON DR.  
 CITY-ST-ZIP ANNA MARIE ISLAND FL 34216

TITLE MEM ☐ Delete  
 NAME JORNALE, RICHARD A  
 STREET ADDRESS 16502 AVILA BLVD.  
 CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
 NAME KALTENBACH, DONALD F.  
 STREET ADDRESS 3134 CHARLES MAC DONALD DRIVE  
 CITY-ST-ZIP SARASOTA, FL 34240

TITLE ☐ Change ☐ Addition  
 NAME Same  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME MEM  
 STREET ADDRESS SORACE, RICHARD A.  
 CITY-ST-ZIP 1205 KINGSWAY DRIVE  
 NOKOMIS, FL 34275

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 of 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 (9/01)