2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000001246

1. Entity Name
SARASOTA HEALTH GROUP, LLC

Principal Place of Business	Mailing Address
2803 FRUITVILLE RD. SARASOTA, FL 34237	2803 FRUITVILLE RD. SARASOTA, FL 34237

03222004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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
2803 FRUITVILLE RD
SARASOTA, FL 34237

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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

Filing Fee is $50.00
Due by May 1, 2004

U00000100028
~~03/31/04-00025-020 55.00~~

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KALTENBACH, DONALD F
STREET ADDRESS	3134 CHARLES MACDONALD DR.
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	MGRM
NAME	DATTOLI, MICHAEL J MD
STREET ADDRESS	520 BLUE HERON DR.
CITY-ST-ZIP	ANNA MARIE ISLAND, FL 34216
TITLE	MGRM
NAME	SORACE, RICHARD A
STREET ADDRESS	1205 KINGSWAY DR.
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

DONALD F. KALTENBACH