2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 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

DO NOT WRITE IN THIS SPACE

01042006 No Chg-LLC CR2E083 (11/05)

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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KALTENBACH, DONALD F
STREET ADDRESS	2974 DICK WILSON DRIVE
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 exemptions contained in Chapter 119, 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: _____ 1/25/06 941-955-8088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #