

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001246

FILED
Feb 20, 2007
Secretary of State

Entity Name: SARASOTA HEALTH GROUP, LLC

Current Principal Place of Business:

2803 FRUITVILLE RD.
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2803 FRUITVILLE RD.
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 59-3627960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KALTENBACH, DONALD F
2803 FRUITVILLE RD
SARASOTA, FL 34237 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KALTENBACH, DONALD F
Address: 2974 DICK WILSON DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: MGRM () Delete
Name: DATTOLI, MICHAEL J MD
Address: 520 BLUE HERON DR.
City-St-Zip: ANNA MARIE ISLAND, FL 34216

Title: MGRM () Delete
Name: SORACE, RICHARD A
Address: 1205 KINGSWAY DR.
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONALD F KALTENBACH

MGR

02/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date