2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# L02000034593

Entity Name: SCDMH SARASOTA CARE, L.L.C.

Current Principal Place of Business:

2800 BAHIA VISTA STREET
SUITE 400
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

2800 BAHIA VISTA STREET
SUITE 400
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 55-0816171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOOLEY, WILLIAM A ESQ.
1432 FIRST STREET
SARASOTA, FL 34236 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	SIWEK, DONALD M.D.	
Address:	8809 HAVEN RIDGE ROAD	
City-St-Zip:	SARASOTA, FL 34238 US	
Title:	MGRM	( ) Delete
Name:	DI TOMASO, ANTHONY M.D.	
Address:	8809 HAVEN RIDGE ROAD	
City-St-Zip:	SARASOTA, FL 34238 US	
Title:	MGRM	( ) Delete
Name:	HARVEY, STEVEN M.D.	
Address:	8809 HAVEN RIDGE ROAD	
City-St-Zip:	SARASOTA, FL 34238 US	
Title:	MGRM	( ) Delete
Name:	MITCHELL, LEE M.D.	
Address:	8809 HAVEN RIDGE ROAD	
City-St-Zip:	SARASOTA, FL 34238 US	
Title:	MGRM	( ) Delete
Name:	COLINA, RAMON E M.D.	
Address:	2800 BAHIA VISTA STREET	
City-St-Zip:	SARASOTA, FL 34239 US	

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:	
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 Section 119.07(3)(i), 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: ANTHONY DI TOMASO M.D. MANAGING MEMBER MGRM 04/30/2003

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