

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L26797**

1. Entity Name  
PEDIATRIC ASSOCIATES OF SARASOTA, INC.



Principal Place of Business

1215 EAST AVENUE S  
#303  
SARASOTA, FL 34239

Mailing Address

1215 EAST AVENUE S  
#303  
SARASOTA, FL 34239

**DO NOT WRITE IN THIS SPACE**



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0151701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHANSEY, ROBERT J MD  
1215 EAST AVENUE S  
STE 303  
SARASOTA, FL 34239

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SHAMSEY, ROBERT J MD  
STREET ADDRESS 1215 EAST AVENUE S, STE 303  
CITY-ST-ZIP SARASOTA, FL 34239

TITLE D  
NAME WEISS, ROBERT A MD  
STREET ADDRESS 1215 EAST AVENUE S, STE 303  
CITY-ST-ZIP SARASOTA, FL 34239

TITLE D  
NAME KEELEY, KATHERINE MD  
STREET ADDRESS 1215 EAST AVENUE S, STE 303  
CITY-ST-ZIP SARASOTA, FL 34239

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100000078467  
03/09/04-80027-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04

Date

941-366-3000

Daytime Phone #