

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L53765

FILED
Apr 09, 2008
Secretary of State

Entity Name: SARASOTA HEALTH CARE CENTER, INC.

Current Principal Place of Business:

505 VELAS QUEZ DR
OSPREY, FL 34229 US

New Principal Place of Business:

Current Mailing Address:

505 VELAS QUEZ DR
OSPREY, FL 34229 US

New Mailing Address:

FEI Number: 58-1892081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBENALT, JOHN F
505 VELASQUEZ DR
OSPREY, FL 34229 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROBENALT, JOHN F.,
Address: 505 VELASQUEZ DR
City-St-Zip: OSPREY, FL 34229

Title: VP () Delete
Name: FRIEDBAUER, ROGER,
Address: 701 BRICKELL AVE STE 2525
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: FRIEDBAUER, ROGER,
Address: 701 BRICKELL AVE STE 2050
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F. ROBENALT

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04/09/2008

Electronic Signature of Signing Officer or Director

Date