

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003017

FILED
Mar 30, 2004
Secretary of State**Entity Name:** SARASOTA FOUNDATION FOR HEALTH CARE ALTERNATIVES, INC.**Current Principal Place of Business:**1910 ROBINHOOD STREET
SARASOTA, FL 34231**New Principal Place of Business:**7780 MIDNIGHT PASS ROAD
SARASOTA, FL 34242**Current Mailing Address:**1910 ROBIN HOOD ST.
SARASOTA, FL 34231**New Mailing Address:**6547 MIDNIGHT PASS ROAD
#19
SARASOTA, FL 34242**FEI Number:** 65-1007818**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COX, JOE B
C/O COX & NICI
1185 IMMOKALEE ROAD, SUITE 110
NAPLES, FL 34110 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

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: SWALM, D. CLARK JR
Address: 2509 CASEY KEY RD
City-St-Zip: NOKOMIS, FL 342753359**Title:** DV () Delete
Name: SWALM, NICOLE
Address: 2509 CASEY KEY RD
City-St-Zip: NOKOMIS, FL 342753359**Title:** DTS () Delete
Name: BENSON, STEVEN
Address: 5811 PELICAN BAY BLVD
City-St-Zip: NAPLES, FL 34108**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DTS (X) Change () Addition
Name: SWALM, D. CLARK JR
Address: 6547 MIDNIGHT PASS ROAD, #63
City-St-Zip: SARASOTA, FL 34242**Title:** DP (X) Change () Addition
Name: SWALM, NICOLE
Address: 6547 MIDNIGHT PASS ROAD, #63
City-St-Zip: SARASOTA, FL 34242**Title:** DV (X) Change () Addition
Name: BENSON, STEVEN
Address: 5811 PELICAN BAY BLVD
City-St-Zip: NAPLES, FL 34108

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. CLARK SWALM, JR.

S

03/30/2004

Electronic Signature of Signing Officer or Director

Date