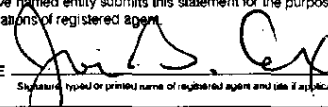
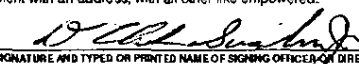


FILED  
Apr 09, 2003 8:00 am  
Secretary of State

04-09-2003 90197 004 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N00000003017</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                             |  |
| 1. Entity Name<br><b>SARASOTA FOUNDATION FOR HEALTH CARE ALTERNATIVES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                              |  |
| Principal Place of Business<br><b>1910 ROBINHOOD STREET<br/>SARASOTA, FL 34231</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Mailing Address<br><b>1213 SOUTH TAMiami TRAIL<br/>SARASOTA, FL 34239</b>                                                                    |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 3. Mailing Address<br><b>1910 Robin Hood St.</b>                                                                                             |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Suite, Apt. #, etc.<br><b>Sarasota</b>                                                                                                       |  |
| City & State<br><b>FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 4. FEI Number<br><b>65-1007818</b>                                                                                                           |  |
| Zip<br><b>34231</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Country                                                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Applied For<br>Not Applicable                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><b>COX, JOE B<br/>C/O COX &amp; NICI<br/>3001 TAMiami TRAIL NORTH, STE 100<br/>NAPLES, FL 34103</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 7. Name and Address of New Registered Agent<br><b>Joe B. Cox, c/o Cox &amp; Nici<br/>1185 Immokalee Road, Suite 110<br/>Naples, FL 34110</b> |  |
| 8. The above named entity submits this statement for the purpose of changing its registered agent.<br>SIGNATURE  DATE <b>3/27/03</b><br><small>(NOTE: Registered Agent's signature required when re-registering)</small>                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                              |  |
| FILE NOW FEE IS \$61.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                      |  |
| DP<br>SWALM, D. CLARK JR<br>2509 CASEY KEY RD<br>NOKOMIS, FL 342763359                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                              |  |
| DV<br>SWALM, NICOLE<br>2509 CASEY KEY RD<br>NOKOMIS, FL 342763359                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                              |  |
| DTS<br>BENSON, STEVEN<br>6811 PELICAN BAY BLVD<br>NAPLES, FL 34108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                              |  |
| 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 617, 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 3-31-03 346-9678                                                                                                                             |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Date Daytime Phone #                                                                                                                         |  |