2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000004480

FILED Jul 06, 2008 Secretary of State

Entity Name: TSIC OF SARASOTA COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

3230 SWIFT ROAD 3932 SWIFT ROAD SUITE C SUITE C

SARASOTA, FL 34239 SARASOTA, FL 34239

Current Mailing Address: New Mailing Address:

PO BOX 48186

SARASOTA, FL 34230

FEI Number: 33-1012774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DENT, JOHN C JR. ESQ 330 SOUTH ORANGE AVENUE SARASOTA, FL 34236

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

CORBRIDGE, C. KELLEY CORBRIDGE, C. KELLEY Name: Name: 720 S ORANGE AVE Address: 240 S. NOKOMIS AVE. Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: VENICE, FL 34292

(X) Change () Addition Title: () Delete Title:

HOUGH, KAREN Name: HOUGH, KAREN Name: Address: 200 NOKOMIS AVENUE SOUTH Address: 1515 RINGLING BLVD. City-St-Zip: VENICE, FL 34292 City-St-Zip: SARASOTA, FL 34236

Title: () Delete Title: (X) Change () Addition

CHERP, MICHELLE M GALLAGHER, PATRICK L Name: Name: 1801 GLENGARY STREET 2501 S. TAMIAMI TRAIL Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: SARASOTA, FL 34239

() Delete Title: Title: (X) Change () Addition

SCHWARTZ, DANIEL M ARMBRUSTER, RENEE Name: Name: TWO NORTH TAMIAMI TRAIL, 11TH FLOOR Address: Address: 1605 MAIN ST.

City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236

Title: () Delete Title: () Change (X) Addition

HARDING, TRISTAN Name: Name: 240 S. PINEAPPLE AVE. Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34236

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

SIGNATURE: C. KELLEY CORBRIDGE D 07/06/2008