2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N02545

Entity Name: CENTER MANAGEMENT COMPANY OF SARASOTA, INC.

Current Principal Place of Business:

22 SARASOTA CENTER BLVD
SARASOTA, FL 342409770 US

New Principal Place of Business:

Current Mailing Address:

6751 PROFESSIONAL PARKWAY WEST
SUITE 107
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 59-2702879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEST, DANA
22 SARASOTA CENTER BLVD
SARASOTA, FL 34240 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:	D	( ) Delete
Name:	POIRIER, PHIL	
Address:	300 SARASOTA CENTER BLVD	
City-St-Zip:	SARASOTA, FL 34240	
Title:	PD	( ) Delete
Name:	LEPORE, MICHAEL	
Address:	31 SARASOTA CENTER BLVD	
City-St-Zip:	SARASOTA, FL 34240	
Title:	SD	( ) Delete
Name:	BAAR, RICK	
Address:	233 SARASOTA CENTER BLVD	
City-St-Zip:	SARASOTA, FL 34240	
Title:	VD	( ) Delete
Name:	WEST, DANA	
Address:	22 SARASOTA CENTER BLVD	
City-St-Zip:	SARASOTA, FL 34240	
Title:	D	( ) Delete
Name:	SCHMIDT, GARY	
Address:	78 SARASOTA CENTER BLVD	
City-St-Zip:	SARASOTA, FL 34240	
Title:	TD	( ) Delete
Name:	GAMELIN, TONY	
Address:	6751 PROFESSIONAL PKWY W, SUITE 107	
City-St-Zip:	SARASOTA, FL 34240	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: TONY GAMELIN T 02/25/2009
Electronic Signature of Signing Officer or Director — Date