

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90003 005 ****61.25

DOCUMENT # N03000008270

1. Entity Name
**COMMUNITY EDUCATION FOUNDATION OF SUNCOAST
LUNG CENTER, INC.**



Principal Place of Business
**3920 BEE RIDGE RD. BLDG. C
SARASOTA, FL 34233**

Mailing Address
**3920 BEE RIDGE RD. BLDG. C
SARASOTA, FL 34233**

50054096



01222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0249700

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCGINNESS, W. LEE
1800 2ND ST, STE 971
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SWISHER, JOHN W MD
3920 BEE RIDGE RD BLDG C, STE C
SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
LENCER, HOWARD D MD
3920 BEE RIDGE RD BLDG C, STE C
SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
BUCK, MARIA
3920 BEE RIDGE RD BLDG C, STE C
SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/05

Date

941 923 8353

Daytime Phone #