

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002876

FILED  
Apr 07, 2010  
Secretary of State

Entity Name: PROJECT 180 SARASOTA, INC.

**Current Principal Place of Business:**

2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 25684  
SARASOTA, FL 342772684

**New Mailing Address:**

FEI Number: 26-3092460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MERINGER, PATRICIA C  
2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237 US

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

DILLARD-SPAHN, STACY  
2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237 US

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: STACY DILLARD-SPAHN

04/07/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MS.  
Name: RICHARDS, BARBARA MS  
Address: 2033 MAIN STREET, SUITE 600  
City-St-Zip: SARASOTA, FL 34237 US

Title: DR.  
Name: BARKER, VANESSA PHD  
Address: 2033 MAIN STREET, SUITE 600  
City-St-Zip: SARASOTA, FL 34237

Title: MS.  
Name: MERINGER, PATRICIA JD  
Address: 2033 MAIN STREET, SUITE 600  
City-St-Zip: SARASOTA, FL 34237

Title: DR.  
Name: SALAHUDDIN, HUGUETTE DDS  
Address: 2033 MAIN STREET, SUITE 600  
City-St-Zip: SARASOTA, FL 34237

I hereby 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 all other like empowered.

SIGNATURE: BARBARA RICHARDS

MS.

04/07/2010

Electronic Signature of Signing Officer or Director

Date