

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N36043

1. Entity Name

SARASOTA PATIENT CARE FOUNDATION, INC.



Principal Place of Business

1921 WALDEMERE ST.
SUITE 107
SARASOTA, FL 34239 US

Mailing Address

C/O CANDACE A MAGIERA
1921 WALDEMERE ST. #107
SARASOTA, FL 34239 US



01102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0215338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAGIERA, CANDACE A
1921 WALDEMERE STREET, 107
SARASOTA, FL 34239

**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

Candace A Magiera

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000823241
02/20/08-80028-016 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BOBISH, DAVID M., R.N.
1921 WALDEMERE ST # 107
SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
THOMAS, LYNNE MSW
1921 WALKEMERE ST. #107
SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
MAGIERA, CANDACE A
1921 WALDEMERE ST # 107
SARASOTA, FL

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 exemptions contained 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 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:

Candace A Magiera CANDACE A MAGIERA 2/7/08 (941)917-6447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #