

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36043

FILED
Feb 23, 2009
Secretary of State

Entity Name: SARASOTA PATIENT CARE FOUNDATION, INC.

Current Principal Place of Business:

1921 WALDEMERE ST.
SUITE 107
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0215338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MAGIERA, CANDACE A
1921 WALDEMERE STREET
SUITE 107
SARASOTA, FL 34239 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: _____

02/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BOBISH, DAVID M., R., N.
Address: 1921 WALDEMERE ST # 107
City-St-Zip: SARASOTA, FL

Title: S () Delete
Name: THOMAS, LYNNE MSW
Address: 1921 WALKEMERE ST. #107
City-St-Zip: SARASOTA, FL 34239

Title: PT () Delete
Name: MAGIERA, CANDACE A
Address: 1921 WALDEMERE ST # 107
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BOBISH, DAVID M
Address: 1921 WALDEMERE ST # 107
City-St-Zip: SARASOTA, FL 34239

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

Title: PT (X) Change () Addition
Name: MAGIERA, CANDACE A
Address: 1921 WALDEMERE ST # 107
City-St-Zip: SARASOTA, FL 34239

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: CANDACE A. MAGIERA

P

02/23/2009

Electronic Signature of Signing Officer or Director

Date