


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90024 041 ****69.25

DOCUMENT # N45103
 1. Entity Name
 ENGLEWOOD MEDICAL PARK ASSOCIATION, INC.



Principal Place of Business
 2136 GULF GATE DRIVE
 SUITE 6
 SARASOTA, FL 34231

Mailing Address
 2136 GULF GATE DRIVE
 SUITE 6
 SARASOTA, FL 34231

2. Principal Place of Business
 2151 Main Street
 Suite, Apt. #, etc.
 Suite A

3. Mailing Address
 2151 Main Street
 Suite, Apt. #, etc.
 Suite A

City & State
 Sarasota, FL

City & State
 Sarasota, FL

Zip
 34237

Country

Zip
 34237

Country

03202006 Chg-NP CR2E037 (11/05)



4. FEI Number
 65-0295866


Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MOORE, JOHN L
 200 S ORANGE AVENUE
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent
 Name
 Turner, James L.
 Street Address (P.O. Box Number is Not Acceptable)
 200 South Orange Avenue
 City
 Sarasota FL Zip Code
 34236

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  DATE 3/23/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

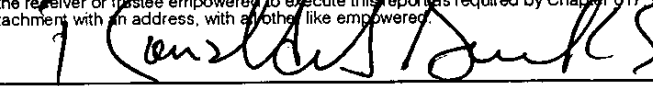
Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOVAN, JOHN 2136 GULF GATE DRIVE STE 6 SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burks, Ronald H. 2151 Main Street, Suite A Sarasota, FL 34237 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RASTRELLI, MASSIMO 2136 GULF GATE DRIVE STE 6 SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hahn, Barbara Lee 2151 Main Street, Suite A Sarasota, FL 34237 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFAHLER, CHRISTINA 601 MEDICAL DRIVE ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:  DATE 4/3/2006 DAYTIME PHONE # 941/366-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #