

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004381 (0)

1. Corporation Name

HEALTHCARE SARASOTA, INC.



Principal Place of Business 1700 SOUTH TAMiami TRAIL SARASOTA FL 34239	Mailing Address 1700 SOUTH TAMiami TRAIL SARASOTA FL 34239-3509
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3. Date Incorporated or Qualified 09/27/1993	3a. Date of Last Report 04/25/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0480663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COVERT, MICHAEL H SARASOTA MEMORIAL HOSPITAL 1700 S TAMiami TRAIL SARASOTA FL 34239
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> DELETE
NAME	SOLLENBERGER, DAVID R
STREET ADDRESS	1565 FIRST STREET
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	VD <input type="checkbox"/> DELETE
NAME	WHITE, JOHN W
STREET ADDRESS	1660 RINGLING BLVD.
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	SD <input type="checkbox"/> DELETE
NAME	GAUL, THOMAS
STREET ADDRESS	2418 HATTON ST
CITY-ST-ZIP	SARASOTA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	COVERT, MICHAEL H
STREET ADDRESS	1700 S. TAMiami TRAIL
CITY-ST-ZIP	SARASOTA FL
TITLE	Director <input type="checkbox"/> DELETE
NAME	Ray Neff
STREET ADDRESS	2601 Cattleman Road
CITY-ST-ZIP	Sarasota, FL 34232
TITLE	Director <input type="checkbox"/> DELETE
NAME	Lynn Mathews,
STREET ADDRESS	Sarasota Herald Tribune
CITY-ST-ZIP	801 S. Tamiami Trail

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eddie Morton
1.3 STREET ADDRESS	1924 S. Osprey Ave
1.4 CITY-ST-ZIP	Sarasota, FL 34239
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	70000208639 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-02/13/97--01015--041
6.3 STREET ADDRESS	***122.50
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 a receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CP2E037 (9/96)