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FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004381 (0)**

1. Corporation Name

HEALTHCARE SARASOTA, INC.

Principal Place of Business

**1700 SOUTH TAMiami TRAIL
SARASOTA FL 34239**

Mailing Address

Finance Department
**1700 SOUTH TAMiami TRAIL
SARASOTA FL 34239**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/27/1993

4. FEI Number

65-0480663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COVERT, MICHAEL H
SARASOTA MEMORIAL HOSPITAL
1700 S TAMiami TRAIL
SARASOTA FL 34239**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☐ DELETE
NAME **SOLLENBERGER, DAVID R**
STREET ADDRESS **1565 FIRST STREET**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **VD** ☒ DELETE
NAME **WHITE, JOHN W**
STREET ADDRESS **1660 RINGLING BLVD.**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **SD** ☐ DELETE
NAME **GAUL, THOMAS**
STREET ADDRESS **2418 HATTON ST**
CITY-ST-ZIP **SARASOTA FL**

TITLE **PD** ☐ DELETE
NAME **COVERT, MICHAEL H**
STREET ADDRESS **1700 S. TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **NEFF, RAY**
STREET ADDRESS **2801 CATTLEMAN RD**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ DELETE
NAME **MATHEWS, LYNN**
STREET ADDRESS **801 S TAMiami TR**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **~~DALE BRACHER~~**
1.3 STREET ADDRESS **~~1700 S. TAMiami TRAIL~~**
1.4 CITY-ST-ZIP **~~SARASOTA FL 34238~~**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **LEY, JAMES**
2.3 STREET ADDRESS **1660 Ringling Blvd, 2nd Fl**
2.4 CITY-ST-ZIP **VP SARASOTA FL 34236**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **Kumar Mahadaven**
6.3 STREET ADDRESS **Mote Marine Lab**
6.4 CITY-ST-ZIP **1600 Ken Thompson Park**
SARASOTA FL 34236 D

14. I 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 the recorder or trustee empowered to execute the 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

4/11/98 **941-917-0498**

CR2E037 (10/97)