2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 AM
Secretary of State

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Entity Name: HEALTHCARE SARASOTA, INC.

Current Principal Place of Business:

% J, HUGH MIDDLEBROOKS
200 S ORANGE AVE
SARASOTA, FL 34239

New Principal Place of Business:

1700 S TAMIAMI TRAIL
SARASOTA, FL 34239

Current Mailing Address:

% J, HUGH MIDDLEBROOKS
200 S ORANGE AVE
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 65-0480663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIDDLEBROOKS, J H
200 S. ORANGE AVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DCP	( ) Delete
Name:	SOLLENBERGER, DAVID R	
Address:	1565 FIRST STREET	
City-St-Zip:	SARASOTA, FL 34236	
Title:	DT	( ) Delete
Name:	LEY, JAMES	
Address:	1660 RINGLING BLVD 2ND FL	
City-St-Zip:	SARASOTA, FL 34236	
Title:	DVP	( ) Delete
Name:	FINLAY, G. DUNCAN	
Address:	1700 S. TAMIAMI TRAIL	
City-St-Zip:	SARASOTA, FL 34239	
Title:	DS	( ) Delete
Name:	HUNT, GEORGE	
Address:	1700 S. TAMIAMI TRAIL	
City-St-Zip:	SARASOTA, FL 34239	
Title:	D	( ) Delete
Name:	SHEERAN, THOMAS	
Address:	1700 S. TAMIAMI TRAIL	
City-St-Zip:	SARASOTA, FL 34239	
Title:	D	( ) Delete
Name:	WEINRICH, CARL	
Address:	1700 S. TAMIAMI TRAIL	
City-St-Zip:	SARASOTA, FL 34239	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DCP	(X) Change ( ) Addition
Name:	MCNEES, MICHAEL A	
Address:	1565 FIRST STREET	
City-St-Zip:	SARASOTA, FL 34236	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DV	(X) Change ( ) Addition
Name:	FINLAY, G. DUNCAN	
Address:	1700 S. TAMIAMI TRAIL	
City-St-Zip:	SARASOTA, FL 34239	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: G. DUNCAN FINLAY, M.D. DV 04/23/2002

Electronic Signature of Signing Officer or Director — Date