

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004381

FILED  
Feb 09, 2006  
Secretary of State

Entity Name: HEALTHCARE SARASOTA, INC.

## Current Principal Place of Business:

1700 S TAMIAMI TRAIL  
SARASOTA, FL 34239

## New Principal Place of Business:

## 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: DVP ( ) Delete  
Name: BLACK, MARTIN  
Address: 1700 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: DP ( ) Delete  
Name: MCNEES, MICHAEL A  
Address: 1700 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: DS ( ) Delete  
Name: FINLAY, G. DUNCAN  
Address: 1700 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: DT ( ) Delete  
Name: LEY, JIM  
Address: 1700 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: ED ( ) Delete  
Name: BLINCH-EDWARDS, ROBERT  
Address: 1700 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change ( ) Addition  
Name: MACKENZIE, GWEN M  
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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GWEN M. MACKENZIE

D

02/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date