

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90227 010 ****61.25

DOCUMENT # N95000001287

1. Entity Name

SARASOTA COUNTY MEDICAL SOCIETY ALLIANCE, INC.



Principal Place of Business

**342 SOUTH TAMIAMI TRAIL
STE 201
NOKOMIS FL 34275**

Mailing Address

**2999 S. TAMIAMI TRAIL
SARASOTA FL 34239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI-Number

65-0605836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIHALEY, LORI-NAN
2999 S. TAMIAMI TR
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

TITLE **P** ☒ Delete
NAME **BATTAGLIA, LIZA**
STREET ADDRESS **1404 N LAKESHORE DR**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **V** ☒ Delete
NAME **BATTAGLIA, LIZA**
STREET ADDRESS **1219 E AVE S STE 301**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **T** ☒ Delete
NAME **ODONOGHVE, ALISON**
STREET ADDRESS **4450 CAMINO PEAL**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **S** ☐ Delete
NAME **DINGLE, KAREN**
STREET ADDRESS **4757 HIGEL AVE**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **SD** ☒ Delete
NAME **THOMAS, CHRIS**
STREET ADDRESS **1630 MEADOWOOD ST.**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
NAME **Bonnie Silverman**
STREET ADDRESS **1404 N Lakeshore Dr**
CITY-ST-ZIP **Sarasota, FL 34231**

TITLE **Vice-President** ☐ Change ☒ Addition
NAME **Tina LePore**
STREET ADDRESS **1219 East Ave S Suite 301**
CITY-ST-ZIP **Sarasota, FL 34238**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Janet M Lakomy**
STREET ADDRESS **4534 Eagle Ridge Ln**
CITY-ST-ZIP **Sarasota, FL 34238**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE **Janet M Lakomy (Janet M Lakomy) 3/16/06 941-921-7409**