

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90179 025 ****61.25

DOCUMENT # N95000001287

1. Entity Name

SARASOTA COUNTY MEDICAL SOCIETY ALLIANCE, INC.



Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

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 registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	<input type="checkbox"/> Delete
NAME	SILVERMAN, BONNIE	
STREET ADDRESS	1404 N LAKESHORE DR	
CITY, ST, ZIP	SARASOTA FL 34231	
TITLE	V	<input type="checkbox"/> Delete
NAME	LE PORE, TINA	
STREET ADDRESS	1219 E AVE S STE 301	
CITY, ST, ZIP	SARASOTA FL 34239	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAKOMY, JANET M	
STREET ADDRESS	4534 EAGLE RIDGE LN	
CITY, ST, ZIP	SARASOTA FL 34238	
TITLE	S	<input type="checkbox"/> Delete
NAME	DINGLE, KAREN	
STREET ADDRESS	4757 HIGEL AVE	
CITY, ST, ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Agrawal, Mary	
STREET ADDRESS	4909 Sabal Lake Circle	
CITY, ST, ZIP	Sarasota, FL 34238	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sugar, Stephanie	
STREET ADDRESS	2554 Colony Terrace	
CITY, ST, ZIP	Sarasota, FL 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Silverman, Rachael	
STREET ADDRESS	7691 Donald Ross Road, West	
CITY, ST, ZIP	Sarasota, FL 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/19/07

941-921-7409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #