

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001287

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: SARASOTA COUNTY MEDICAL SOCIETY ALLIANCE, INC.

**Current Principal Place of Business:**

4153 CLARK ROAD  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

2999 S. TAMIAMI TRAIL  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 65-0605836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIHALEY, LORI-NAN  
2999 S. TAMIAMI TR  
SARASOTA, FL 34239 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: P ( ) Delete  
Name: AGRAWAL, MARY  
Address: 3264 WALTER TRAVIS DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: VP ( ) Delete  
Name: SUGAR, STEPHANIE  
Address: 2524 COLONY TERRACE  
City-St-Zip: SARASOTA, FL 34239

Title: T ( ) Delete  
Name: LAKOMY, JANET M  
Address: 4534 EAGLE RIDGE LN  
City-St-Zip: SARASOTA, FL 34238

Title: S ( ) Delete  
Name: WEITZNER, PHYLLIS  
Address: 2611 ALISTER MACKENZIE DRIVE  
City-St-Zip: SARASOTA, FL 34240

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: NAPOLIELLO, DIANA  
Address: 1085 SCHERER WAY  
City-St-Zip: OSPREY, FL 34229

Title: VP (X) Change ( ) Addition  
Name: DUBIN, CAROL  
Address: 629 GARDENIA DRIVE  
City-St-Zip: VENICE, FL 34285

Title: T (X) Change ( ) Addition  
Name: WEITZNER, PHYLLIS  
Address: 2611 ALISTER MACKENZIE DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: S (X) Change ( ) Addition  
Name: YOUNGSTROM, NANCY  
Address: 1766 CHEROKEE DRIVE  
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify 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: PHYLLIS WEITZNER

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03/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date