

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90516 006 \*\*\*\*61.25

**54040595**



03032004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**62-1611872**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324-0000

## 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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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	D	<input checked="" type="checkbox"/> Delete
NAME	BILLINGS, ROBERT	
STREET ADDRESS	5731 BEE RIDGE RD	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESTOR, ALBERT D.O.	
STREET ADDRESS	5731 BEE RIDGE RD	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLAU, KENNETH MD	
STREET ADDRESS	5731 BEE RIDGE RD	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLEN, CHARLES MD	
STREET ADDRESS	5731 BEE RIDGE ROAD	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROGG, STEVEN DO	
STREET ADDRESS	1217 E. AVEUE S #201	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOUSSOU, ISSAM MD	
STREET ADDRESS	5731 BEE RIDGE ROAD	
CITY-ST-ZIP	SARASOTA, FL 34233	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Burnett, MD	
STREET ADDRESS	1845 Mound Street	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phyllis Stephenson MD	
STREET ADDRESS	5969 Catheridge Blvd #102	
CITY-ST-ZIP	SARASOTA, FL 34232	
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		
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 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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-04**

Date

Daytime Phone #