

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000004025	
1. Entity Name GUTOWSKI AND SARANKO MEDICAL CENTER OWNERS ASSOCIATION, INC.	



Principal Place of Business 507 W. ALEXANDER ST. PLANT CITY, FL 33566 US	Mailing Address 507 W. ALEXANDER ST. PLANT CITY, FL 33566 US
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02032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3509884	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SARANKO, A. JOHN 507 W. ALEXANDER ST PLANT CITY, FL 33566

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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 <u><i>John Saranko</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>4/20/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARANKO, A. JOHN 507 W. ALEXANDER ST PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTOWSKI, GREGG W 507 W. ALEXANDER ST PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASKIN, ROBERT N 507 W ALEXANDER STREET PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, MARK D 507 W ALEXANDER STREET PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORTE, BRIAN J 507 W ALEXANDER ST PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/05-80100-005 61.25

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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