

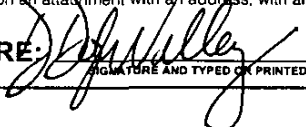


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90057 045 \*\*\*\*61.25

<b>DOCUMENT # N99000005352</b> 1. Entity Name <b>BREAST HEALTH SARASOTA, INC.</b>					
Principal Place of Business <b>540 SOUTH PINEAPPLE AVE 10TH FLOOR SARASOTA, FL 34236</b>			Mailing Address <b>P.O. BOX 49948 SARASOTA, FL 34230</b>		
2. Principal Place of Business <b>5741 Bee Ridge Road</b>		3. Mailing Address <b>5741 Bee Ridge Road</b>		  01302006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc. <b>Suite 390</b>		Suite, Apt. #, etc. <b>Suite 390</b>			
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>			
Zip <b>34233</b>		Zip <b>34233</b>			
Country 		Country 		4. FEI Number <b>65-0945355</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DOERR, KENNETH D 240 SOUTH PINEAPPLE AVE 10TH FLOOR SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAEB, SUELLEN 3221 BENEVA RD UNIT 302 BLG 8 SARASOTA, FL 34232			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALLERY-DOYLE, DEANNA 5741 BEE RIDGE RD SARASOTA, FL 34233			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THIRION, SANDY 2050 PROCTOR RD STE A SARASOTA, FL 34231			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEAN, SUSAN 301 GULF OF MEXICO DR LONGBOAT KEY, FL 34228			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 				<b>Deanne Vallery-Doyle, Director</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small> <b>2-3-06</b> <small>Daytime Phone #</small> <b>941-927-2226</b>	