

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005352

1. Entity Name
BREAST HEALTH SARASOTA, INC.



Principal Place of Business

5741 BEE RIDGE RD
STE 390
SARASOTA, FL 34233

Mailing Address

5741 BEE RIDGE RD
STE 390
SARASOTA, FL 34233



02192007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0945355

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOERR, KENNETH D
240 SOUTH PINEAPPLE AVE
10TH FLOOR
SARASOTA, FL 34236

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IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U000000645234
03/02/07-80076-006 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KAEB, SUELLEN
STREET ADDRESS 3221 BENEVA RD UNIT 302 BLG 8
CITY-ST-ZIP SARASOTA, FL 34232

TITLE VD
NAME VALLERY-DOYLE, DEANNE
STREET ADDRESS 5741 BEE RIDGE RD
CITY-ST-ZIP SARASOTA, FL 34233

TITLE TD
NAME THIRION, SANDY
STREET ADDRESS 2050 PROCTOR RD STE A
CITY-ST-ZIP SARASOTA, FL 34231

TITLE SD
NAME DEAN, SUSAN
STREET ADDRESS 301 GULF OF MEXICO DR
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 another like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/07 941-929-7725
Date Daytime Phone #