2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N99000005352

Entity Name: BREAST HEALTH SARASOTA, INC.

Current Principal Place of Business:

3663 BEE RIDGE ROAD
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

3663 BEE RIDGE ROAD
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-0945355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOERR, KENNETH D
1990 MAIN STREET, SUTIE 700
SARASOTA, FL 34236 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: PD ( ) Delete
Name: KAEB, SUELLEN
Address: 1357 FRASER PINE BLVD
City-St-Zip: SARASOTA, FL 34240

Title: VD ( ) Delete
Name: DOYLE, DEANNE
Address: 5741 BEE RIDGE ROAD STE 390
City-St-Zip: SARASOTA, FL 34233

Title: TD ( ) Delete
Name: THIRION, SANDY
Address: 2050 PROCTOR RD STE A
City-St-Zip: SARASOTA, FL 34231

Title: SD ( ) Delete
Name: DEAN, SUSAN
Address: 301 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SANDRA THIRION T 04/30/2009

Electronic Signature of Signing Officer or Director — Date