

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005352

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**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:**

KAEB, SUELLEN  
1357 FRASER PINE BLVD  
SARASOTA, FL 34240 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  
**Name:** KAEB, SUELLEN  
**Address:** 1357 FRASER PINE BLVD  
**City-St-Zip:** SARASOTA, FL 34240

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** SANDY THIRION

T

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date