2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P00000019132 1. Entity Name CMC SARASOTA, INC. Principal Place of Business Mailing Address 1020 NODTHEATE RIVEL SHITE AT 1020 MODTHCATE RIVIN SHITE AT

FILED Jan 10, 2008 08:00 AN Secretary of State

SARASOTA, F		920 NORTHGATE BEVU, SUITI ARASOTA, FL 34234				
DO NOT WRITE IN THIS SPAC				01072008 4. FEI Numb 65-098	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						
COMPARETTO, MARIO 1920 NORTHGATE BLVD, SUITE A7 SARASOTA, FL 34234			DO NOT WRITE 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, hypothor period of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPARETTO, MARIO 1920 NORTHGATE BLVD, SUITE A7 SARASOTA, FL 34234				U000007	777853 80021-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONOUGH, DONALD 1920 NORTHGATE BLVD, SUITE A7 SARASOTA, FL 34234					3321 323 133.33
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STREET ADDRESS CITY-S1-ZIP						
12. I hereby of indicated	certify that the information supplied with this fi on this report or supplemental report is true a	iling does not qualify for the exe	emptions conti ture shall have	ained in Chapter 11 the same legal effe	9, Florida Statutes. I	further certify that the information oath; that I am an officer or director

of the corporation or the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my hamel appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR

Daytime Phone #