## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P00000082067

1. Entity Name

KEENAN SARASOTA, INC.



Principal Place of Business

Mailing Address

1900 W COMMERCIAL BLVD SUITE 200 FORT LAUDERDALE, FL 33309 1900 W COMMERCIAL BLVD SUITE 200 FORT LAUDERDALE, FL 33309

## FILED Apr 22, 2008 08:00 AN Secretary of State



03112008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1040172

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BOYLE, CONRAD J 500 EAST BROWARD BLVD SUITE 1950 FORT LAUDERDALE, FL 33394

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March 31, 2008

Date

(954) 776-6700

Daytime Phone #

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 little if applicable. (NOTE Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fir Trust Fund Contribution			cing	\$5.00 May Be Added to Fees	000000913505 05/08/08-80019-003 150.00	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHYNOWETH, DALE 1900 W COMMERCIAL BLVD SUITE FORT LAUDERDALE, FL 33309	200				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEENAN, WILLIAM 1900 W COMMERCIAL BLVD SUITE 200 FORT LAUDERDALE, FL 33309			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAO HOGUE, CHANTAL  \$ 1900 WEST COMMERCIAL BLVD SUITE 200 FORT LAUDERDALE, FL 33309					
NAME STREET ADDRESS CITY-ST-ZIP		į		IN T	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if						

IN NAME OF SIGNING OFFICER OR DIRECTOR