



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000094186 1. Entity Name USP SARASOTA, INC.	
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Principal Place of Business 15305 DALLAS PKWY #1600 LB 28 ADDISON, TX 75001	Mailing Address 15305 DALLAS PKWY #1600 LB 28 ADDISON, TX 75001
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DO NOT WRITE IN THIS SPACE

FILED
05 MAY -9 PM 5: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2957239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD. PLANTATION, FL 33324
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEEN, DONALD E 15305 DALLAS PKWY #1600, LB 28 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILCOX, WILLIAM H 15305 DALLAS PKWY #1600, LB 28 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WELLIK, JOHN J 15305 DALLAS PKWY #1600, LB 28 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JENKINS, ALEX 15305 DALLAS PKWY., #1600 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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\$5.00

\$150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alex Jenkins* Alex Jenkins 4/14/05 972 713-3514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #