

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112191

FILED
Jan 17, 2005
Secretary of State

Entity Name: ESSENTIAL HEALTH CARE OF SARASOTA, INC.

Current Principal Place of Business:

2345 BEE RIDGE ROAD
SUITE 5
SARASOTA, FL 34239

New Principal Place of Business:

2345 BEE RIDGE ROAD
SUITE 5
SARASOTA, FL 34239

Current Mailing Address:

2345 BEE RIDGE ROAD
SUITE 5
SARASOTA, FL 34239

New Mailing Address:

2345 BEE RIDGE ROAD
SUITE 5
SARASOTA, FL 34239

FEI Number: 59-3759202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VECCHIONI, ROBERT
2345 BEE RIDGE ROAD, #5
SARASOTA, FL 34239 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VECCHIONI, ROBERT J
Address: 2345 BEERIDGE ROAD #5
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VECCHIONI, ROBERT J
Address: 2345 BEERIDGE ROAD #5
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT VECCHIONI

PD

01/17/2005

Electronic Signature of Signing Officer or Director

Date