

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115584

**FILED**  
**Mar 30, 2006**  
**Secretary of State**

**Entity Name:** SARASOTA MEDICAL CLINIC, P.A.

**Current Principal Place of Business:**

7222 SOUTH TAMIAMI TRAIL SUITE 104  
SARASOTA, FL 34231

**New Principal Place of Business:**

5640 MARQUESAS CIRCLE  
SARASOTA, FL 34233

**Current Mailing Address:**

7222 SOUTH TAMIAMI TRAIL SUITE 104  
SARASOTA, FL 34231

**New Mailing Address:**

5640 MARQUESAS CIRCLE  
SARASOTA, FL 34233

FEI Number: 65-1157751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAJERCIN, DAVID  
7222 SOUTH TAMIAMI TRAIL SUITE 104  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

MAJERCIN, DAVID  
5640 MARQUESAS CIRCLE  
SARASOTA, FL 34233 US

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: DAVID MAJERCIN

03/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAJERCIN, DAVID  
Address: 7222 S TAMIAMI TRAIL #104  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MAJERCIN, DAVID  
Address: 5640 MARQUESAS CIRCLE  
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAVID MAJERCIN

P

03/30/2006

Electronic Signature of Signing Officer or Director

Date