

DOCUMENT # P02000114885
1. Entity Name
GDM OF SARASOTA, INC.



Principal Place of Business:		Mailing Address:			
2153 SIESTA DRIVE SARASOTA FL 34239 US		2153 SIESTA DRIVE SARASOTA FL 34239 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State		1st MOORE CR2E034 (10/07)	
Zip		Country		4. FEI Number 11-3659122	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DOWD, JOHN F 1521 SOUTH TAMiami TRAIL SUITE 303 VENICE FL 34292				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State Zip Code	
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 _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	DESTEFANO, GAIL			NAME	
STREET ADDRESS	2153 SIESTA DRIVE			STREET ADDRESS	
CITY-STATE-ZIP	SARASOTA FL 34239			CITY-STATE-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: GAIL DESTEFANO <i>Gail Destefano</i> 2/16/2008 941-925-3662					