

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000091252



1. Entity Name
SARASOTA FAMILY HEALTH CARE, INC.

Principal Place of Business

6813 S TAMiami TRAIL
SARASOTA, FL 34231 US

Mailing Address

6813 S TAMiami TRAIL
SARASOTA, FL 34231 US



08302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0170761

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOPER, FRANCES G ESQ
901 VENETIA BAY BLVD 357
VENICE, FL 34285

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME MASON, CLAUDE JOHN MD
STREET ADDRESS 154 LOOKOUT PT DR
CITY-ST-ZIP OSPREY, FL 34229

TITLE VPT
NAME MAYER, JOHN JR
STREET ADDRESS 521 HARBOR WAY
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

09/11/07-80007-011 558.75

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #