FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000001807

1. Corporation Name

SARASOTA OUT-PATIENT ASSOCIATES, P.A.

Principal Place of Business
Emergency Care Center
Sarasota Memorial Hospital
1700 S Tamiami Trail
Sarasota, FL 34239

Mailing Address
Emergency Care Center
Sarasota Memorial Hospital
1700 S Tamiami Trail
Sarasota, FL 34239

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip
24
25 Country

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip
29
30 Country

3. Date Incorporated or Qualified: 12/30/1992

3a. Date of Last Report: 04/10/1995

4. FEI Number: 65-0376481 — ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Payne, Howard
720 S Orange Ave
Sarasota, FL 34236

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Schremmer, Michael A.	
STREET ADDRESS	1700 S Tamiami Trail	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	VP	☐ DELETE
NAME	Holland, III Reuben W.	
STREET ADDRESS	1700 S Tamiami Trail	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	Secretary	☐ DELETE
NAME	Willis, Richard D.	
STREET ADDRESS	1700 S Tamiami Trail	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	Treasurer	☐ DELETE
NAME	Newman, Steven R.	
STREET ADDRESS	1700 S Tamiami Trail	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	VP	☐ DELETE
NAME	Kruglick, Bruce	
STREET ADDRESS	1700 S Tamiami Trail	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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14. I do 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce Kruglick, M.D. — 3/18/96 — (941)917-8507

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