

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000001807 (5)

1. Corporation Name

SARASOTA OUT-PATIENT ASSOCIATES, P.A.

Principal Place of Business

EMERGENCY CARE CTR., SARASOTA MEMORIAL HSP
1700 S. TAMiami TRl.
SARASOTA FL 34239
US

Mailing Address

EMERGENCY CARE CTR.SARASOTA MEMORIAL HOSP
1700 S. TAMiami TRl
SARASOTA FL 34239-3509
US



3. Date Incorporated or Qualified
12/30/1992

3a. Date of Last Report
03/28/1996

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

PAYNE, HOWARD
720 S ORANGE AVE.
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name SCHREMMER, MICHAEL A.

82 Street Address (P.O. Box Number is Not Acceptable)

1700 S. TAMiami TRAIL

83

84 City SARASOTA

FL

85 Zip Code 34239

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

Michael A. Schremmer

Michael A. Schremmer President

DATE 1/29/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHREMMER, MICHAEL A	
STREET ADDRESS	1700 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOLLAND, III REUBEN A.	
STREET ADDRESS	1700 S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILLIS, R. D	
STREET ADDRESS	1700 S. TAMiami TRl.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NEWMAN, STEVEN R	
STREET ADDRESS	1700 S. TAMiami TRl	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRUGLICK, BRUCE M	
STREET ADDRESS	1700 S. TAMiami TRl	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KRUGLICK, BRUCE M
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 annual report or supplemental annual 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.

SIGNATURE:

Michael A. Schremmer Michael A. Schremmer

DATE 1/29/97

(941) 917-8507

CR2E034 (9/96)