

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90129 028 ***150.00

DOCUMENT # P93000087265

1. Corporation Name

PROMEDCO OF SARASOTA, INC.

Principal Place of Business

801 CHERRY STREET
SUITE 1450
FORT WORTH TX 76102
US

Mailing Address

801 CHERRY STREET
SUITE 1450
FORT WORTH TX 76102
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1993

4. FEI Number

65-0453201

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 943 S. Beneva Rd.

Suite, Apt. #, etc.

22 Suite 306

City & State

23 Sarasota FL

Zip

Country

24 34232 25 Sarasota

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30 34232 31 Sarasota

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES ST.
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME POSEY, H. WAYNE
STREET ADDRESS 801 CHERRY STREET, STE 1450
CITY-ST-ZIP FORT WORTH TX 76102

TITLE VP ☐ DELETE

NAME EDWARDS, DALE K
STREET ADDRESS 801 CHERRY STREET, STE 1450
CITY-ST-ZIP FORT WORTH TX 76102

TITLE VPS ☐ DELETE

NAME JOHNSON, DEBORAH A
STREET ADDRESS 801 CHERRY STREET, STE 1450
CITY-ST-ZIP FORT WORTH TX 76102

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V.P. & TREASURER
ROBERT D. SMITH
801 Cherry St., Suite 1450
FORT WORTH, TX 76102

V.P.
Charles McQueary
801 Cherry St., Suite 1450
Fort Worth, TX 76102

Asst. Secretary and Asst. Treasurer
Tom Hall
801 Cherry St., Ste 1450
Fl. Worth, TX 76102

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)