


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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90193 045 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000065857</b> 1. Corporation Name. I.H.S. OF SARASOTA, INC.			
Principal Place of Business 2600 BRIAR OAKS CIRCLE SARASOTA FL 34232		Mailing Address 2600 BRIAR OAKS CIRCLE SARASOTA FL 34232	
2. Principal Place of Business 21 3353 Kingswood Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 3353 Kingswood Dr. Suite, Apt. #, etc.	
22 City & State 23 Sarasota, FL Zip Country 24 34232 25 USA		27 City & State 28 Sarasota, FL Zip Country 29 34232 30 USA	
9. Name and Address of Current Registered Agent KOACH, KRAIG H 240 N. WASHINGTON BLVD., STE. 470 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CONSTANTINOS, PETER R <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANTINOS, PETER R	1.2 NAME	
STREET ADDRESS	2600 BRIAR OAKS CIRCLE	1.3 STREET ADDRESS	3353 Kingswood Dr.
CITY-ST-ZIP	SARASOTA FL 34232	1.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	D CONSTANTINOS, KATHRYN R <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANTINOS, KATHRYN R	2.2 NAME	
STREET ADDRESS	2600 BRIAR OAKS CIRCLE	2.3 STREET ADDRESS	3353 Kingswood Dr.
CITY-ST-ZIP	SARASOTA FL 34232	2.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Katherine R. Constantinou 4/20/99 (941) 371-4066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)