


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000005761</b>	
1. Entity Name <b>TAKE CARE OF SARASOTA, INC.</b>	

Principal Place of Business <b>3982 BEE RIDGE RD. BLDG H #A SARASOTA, FL 34233 US</b>	Mailing Address <b>3982 BEE RIDGE RD. BLDG H #A SARASOTA, FL 34233 US</b>
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01172006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0554399</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WISE, SUSANNE S 1429 WESTBROOK DRIVE SARASOTA, FL 34231</b>
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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WISE, SUSANNE S 1429 WESTBROOK DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WISE, CARL A 1429 WESTBROOK DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WISE, SUSANNE S 1429 WESTBROOK DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WISE, CARL A 1429 WESTBROOK DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/09/06-80002-003 150.00

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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: <u>Susanne S Wise</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4/20/06</u>	Daytime Phone # _____
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