2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# P95000005761

Entity Name: TAKE CARE OF SARASOTA, INC.

Current Principal Place of Business:

3982 BEE RIDGE RD.
BLDG H #A
SARASOTA, FL 34233 US

New Principal Place of Business:

3982 BEE RIDGE RD.
BLDG H, SUITE A
SARASOTA, FL 34233 US

Current Mailing Address:

3982 BEE RIDGE RD.
BLDG H #A
SARASOTA, FL 34233 US

New Mailing Address:

3982 BEE RIDGE RD.
BLDG H, SUITE A
SARASOTA, FL 34233 US

FEI Number: 65-0554399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WISE, SUSANNE S
1429 WESTBROOK DRIVE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

WISE, SUSANNE S
7508 COVE TERRACE
SARASOTA, FL 34231 US

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.

SIGNATURE: SUSANNE S. WISE, RN, MBA 02/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WISE, SUSANNE S
Address: 7508 COVE TERRACE
City-St-Zip: SARASOTA, FL 34231

Title: VP ( ) Delete
Name: WISE, CARL A
Address: 7508 COVE TERRACE
City-St-Zip: SARASOTA, FL 34231

Title: T ( ) Delete
Name: WISE, SUSANNE S
Address: 7508 COVE TERRACE
City-St-Zip: SARASOTA, FL 34231

Title: S ( ) Delete
Name: WISE, CARL A
Address: 7508 COVE TERRACE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSANNE S. WISE, RN, MBA PRES 02/24/2009
Electronic Signature of Signing Officer or Director Date