

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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000009833 (0)**

1. Corporation Name

**SARASOTA HEALTH SPRINGS, INC.**



Principal Place of Business <b>5331 CAPE LEYTE DRIVE, SIESTA KEY SARASOTA FL 34242</b>	Mailing Address <b>5331 CAPE LEYTE DRIVE, SIESTA KEY SARASOTA FL 34242</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/31/1996</b>	3a. Date of Last Report
21		26		4. FCI Number <b>65-0210013</b>	Applied For Not Applicable
22		27		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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	PD	1.1 TITLE					
NAME	LEVY, SAMUEL	1.2 NAME					
STREET ADDRESS	5331 CAPE LEYTE DRIVE, SIESTA KEY	1.3 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34242	1.4 CITY-ST-ZIP					
TITLE	VD	2.1 TITLE					
NAME	MEDICO, JOHN J JR.	2.2 NAME					
STREET ADDRESS	5331 CAPE LEYTE DRIVE, SIESTA KEY	2.3 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34242	2.4 CITY-ST-ZIP					
TITLE	STD	3.1 TITLE	STD				
NAME	WANG, LUCILLE	3.2 NAME	LEVY, SAMUEL				
STREET ADDRESS	5331 CAPE LEYTE DRIVE, SIESTA KEY	3.3 STREET ADDRESS	SAME				
CITY-ST-ZIP	SARASOTA FL 34242	3.4 CITY-ST-ZIP					
TITLE		4.1 TITLE					
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE		5.1 TITLE					
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE					
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

350-5242

CR2E034 (9/96)