

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90167 041 ***150.00

DOCUMENT # P96000083039

1. Entity Name
HEALTH CARE ASSOCIATES OF SARASOTA, P.A.



Principal Place of Business
3920 BEE RIDGE ROAD
BLDG. E, STE. M
SARASOTA, FL 34233

Mailing Address
2822 PROCTOR ROAD
SUITE A
SARASOTA, FL 34231

2. Principal Place of Business
7275 BEE RIDGE RD

Suite, Apt. #, etc.

3. Mailing Address
7275 BEE RIDGE RD

Suite, Apt. #, etc.

City & State
SARASOTA FL

Zip
34241

Country
US

City & State
SARASOTA FL

Zip
34241

Country
US



05042004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0698911

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERMANN, CECELIA M
3920 BEE RIDGE ROAD
BLDG. E, STE. M
SARASOTA, FL 34233

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Cecelia M Hermann*
Signature, typed or printed name of registered agent and title if applicable.

CECELIA M HERMANN
(NOTE: Registered Agent signature required when reinstating)

5 4 04
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HERMANN, CECELIA M M.D.
STREET ADDRESS 3920 BEE RIDGE ROAD, BLDG. E, STE. M
CITY-ST-ZIP SARASOTA, FL 34233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Cecelia M Hermann *CECELIA M HERMANN* 5 4 04 941 927 6607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #