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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085808 (9)

1. Corporation Name
SAI OF BRADENTON, INC.



Principal Place of Business: 4800 NO TAMIAMI TRAIL SARASOTA FL 34243
Mailing Address: 4800 NO TAMIAMI TRAIL SARASOTA FL 34234-3842

3. Date Incorporated or Qualified: 10/17/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0701928
Applied For: [Blank]
Not Applicable: [Blank]
5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [Blank] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: [Blank]
22 City & State: [Blank]
23 Zip: [Blank] Country: [Blank]
24 Zip: [Blank] Country: [Blank]
2a. Mailing Address: 26 Suite, Apt. #, etc.: [Blank]
27 City & State: [Blank]
28 Zip: [Blank] Country: [Blank]
29 Zip: [Blank] Country: [Blank]
30 Zip: [Blank] Country: [Blank]

9. Name and Address of Current Registered Agent
HAMLIN, CURTIS D ESQ.
1205 MANATEE AVE. WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent
81 Name: SONMUCHLAL L. PATEL.
82 Street Address (P.O. Box Number is Not Acceptable): 4800, N. TAMIAMI TRAIL
83 [Blank]
84 City: SARASOTA FL 85 Zip Code: 34234

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: Sonmuchlal L. Patel - SONMUCHLAL L. PATEL P. 4-23-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SONMUCHLAL L. PATEL	
1.3 STREET ADDRESS	4800, N. TAMIAMI TRAIL	
1.4 CITY-ST-ZIP	SARASOTA - FLORIDA - 34234	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANANTKUMAR R. PATEL	
2.3 STREET ADDRESS	5778, CLARK ROAD	
2.4 CITY-ST-ZIP	SARASOTA, FLORIDA 34239	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MAHENDRAKUMAR PATEL	
3.3 STREET ADDRESS	20 RIO VISTA RD.	
3.4 CITY-ST-ZIP	ARCADIA - FLORIDA - 33821	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RAMILA S. PATEL	
4.3 STREET ADDRESS	4800, N. TAMIAMI TR.	
4.4 CITY-ST-ZIP	SARASOTA - FL. 34234	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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]

CR2E034 (9/96)