

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P97000037189

1. Entity Name

PHYSICIANS ASSISTANT SERVICES OF SARASOTA,
INC.



Principal Place of Business

PO BOX 1536
OSPREY FL 34229

Mailing Address

PO BOX 1536
OSPREY FL 34229



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number
65-0738749

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OTTO, SHEILE K
2010 PINE TERRACE
SARASOTA FL 34231

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete
NAME BARTLETT, GARY D
STREET ADDRESS PO BOX 1536 OSPREY
CITY-ST-ZIP OSPREY FL 34229

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000893607
04/23/08-80113-007 150.00

TITLE D ☐ Delete
NAME BARTLETT, GARY D
STREET ADDRESS 6632 SCHOONER BAY CIRCLE
CITY-ST-ZIP SARASOTA FL 34231

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08 941-320-7769

Date

Director Phone #