

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037189

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** PHYSICIANS ASSISTANT SERVICES OF SARASOTA, INC.

**Current Principal Place of Business:**

PO BOX 1536  
OSPREY, FL 34229

**New Principal Place of Business:**

6632 SCHOONER BAY CIRCLE  
SARASOTA, FL 34231

**Current Mailing Address:**

PO BOX 1536  
OSPREY, FL 34229

**New Mailing Address:**

PO BOX 1516  
OSPREY, FL 34229

**FEI Number:** 65-0738749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OTTO, SHEILE K  
2010 PINE TERRACE  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: BARTLETT, GARY D  
Address: PO BOX 1536 OSPREY  
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete  
Name: BARTLETT, GARY D  
Address: 6632 SCHOONER BAY CIRCLE  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition  
Name: BARTLETT, GARY D  
Address: 6632 SCHOONER BAY CIRCLE  
City-St-Zip: SARASOTA, FL 34231

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:** GARY D. BARTLETT

PVST

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date