

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037189

FILED
Mar 06, 2012
Secretary of State

Entity Name: PHYSICIANS ASSISTANT SERVICES OF SARASOTA, INC.

Current Principal Place of Business:

6632 SCHOONER BAY CIRCLE
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

PO BOX 1516
OSPREY, FL 34229

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: GARY D. BARTLETT

PRES

03/06/2012

Electronic Signature of Signing Officer or Director

Date