

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000105323

FILED
Apr 30, 2008
Secretary of State

Entity Name: HMS STEAKHOUSE OF SARASOTA, INC.

Current Principal Place of Business:

7113 S TAMIAMI TRAIL
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

4744 NORTH DALE MABRY
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3494400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLIDAY, RONALD
101 E. KENNEDY BLVD, STE 2000
TAMPA, FL 33602 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: DVP () Delete
Name: BLOOM, HYMAN
Address: 4770 KENT AVE., SUITE 100
City-St-Zip: MONTREAL, QC H3W 1H2 CA

Title: DP () Delete
Name: SELTZER, MICHAEL
Address: 4744 N DALE MABRY
City-St-Zip: TAMPA, FL 33614 US

Title: DS () Delete
Name: DUBROVSKY, RICHARD
Address: 4770 KENT AVE., SUITE 214
City-St-Zip: MONTREAL, QC H3W 1H2 CA

Title: AS () Delete
Name: COX, KEN
Address: 4744 N DALE MABRY
City-St-Zip: TAMPA, FL 33614 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BLOOM, HYMAN
Address: 4770 KENT AVE., SUITE 100
City-St-Zip: MONTREAL, QC H3W 1H2 CA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: MCGRATH, ALEXANDER S
Address: 200 STATE STREET
City-St-Zip: BOSTON, MA 02109 US

Title: AS (X) Change () Addition
Name: KAHLIN, SALLY
Address: 4744 N DALE MABRY
City-St-Zip: TAMPA, FL 33614 US

Title: S () Change (X) Addition
Name: MOUNTFORD, JOHN
Address: 4744 N DALE MABRY
City-St-Zip: TAMPA, FL 33614

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: MICHAEL SELTZER

DP

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date