

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000076476

FILED  
Mar 03, 2011  
Secretary of State

Entity Name: RMS BEE RIDGE, INC.

**Current Principal Place of Business:**

3333 CLARK RD.  
SUITE 200  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

3333 CLARK RD.  
SUITE 200  
SARASOTA, FL 34231

**New Mailing Address:**

FEI Number: 65-0945292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHEA, JOHN J  
269 SOUTH OSPREY AVENUE  
SUITE 100  
SARASOTA, FL 34236 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: D  
Name: RASMUSSEN, WAYNE  
Address: 3333 CLARK ROAD, SUITE 200  
City-St-Zip: SARASOTA, FL 34231

Title: D  
Name: SHEA, ROGER M.D.  
Address: 5432 BEE RIDGE RD. STE 140  
City-St-Zip: SARASOTA, FL 34233

Title: D  
Name: MARLOWE, ANDREW M.D.  
Address: 5432 BEE RIDGE ROAD, SUITE 150  
City-St-Zip: SARASOTA, FL 34233

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: WAYNE RASMUSSEN

D

03/03/2011

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

\_\_\_\_\_  
Date