2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # P99000103917 SARASOTA REFERRAL ASSOCIATES, INC. Principal Place of Business Mailing Address 3701 S OSPREY AVE. 3701 S OSPREY AVE SARASOTA, FL 34239 SARASOTA, FL 34239 No Cha-P 03302005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0968349 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HANKIN, LAWRENCE M DO NOT WRITE 2033 MAIN ST, SUITE 400 SARASOTA, FL 34237 IN THIS SPACE 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 reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSD TITLE NAME GREGORY, ROY A PO BOX 971 STREET ADDRESS CITY ST-ZIP ##0000312524 04/18/05-80089-006 150.00 RUSKIN, FL 33570 TITLE NAME STREET ADDRESS GHY-51-212 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 pedevet 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 attac[ment with any others, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

941 378 2070

Daytime Phone #

FILED