

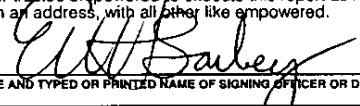


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90288 048 ***150.00

DOCUMENT # V16551 1. Entity Name SARASOTA THERAPY CENTER, INC.					
Principal Place of Business 1945 VERSAILLES ST. 2ND FLOOR SARASOTA, FL 34239 US			Mailing Address 1945 VERSAILLES ST. 2ND FLOOR SARASOTA, FL 34239 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0315036	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SARBAY, EDWARD H 1945 VERSAILLES ST. 2ND FLOOR SARASOTA, FL 34239			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARBAY, EDWARD H. 1945 VERSAILLES ST, 2ND FLOOR SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, PENELOPE H 1945 VERSAILLES ST, 2ND FLOOR SARASOTA, FL 34239	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARINA, EDWARD J 1945 VERSAILLES ST, 2ND FLOOR SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 receiver 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 attachment with an address, with all other like empowered.					
SIGNATURE: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

ATTACHMENT

40065453



Division of Corporations

2005 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	V16551
Business Entity Name	SARASOTA THERAPY CENTER, INC.
Original File Date	02/25/1992

FEI Number 65-0315036

Principal Address 1945 VERSAILLES ST.
 2ND FLOOR
 SARASOTA, FL 34239 US

Mailing Address 1945 VERSAILLES ST.
 2ND FLOOR
 SARASOTA, FL 34239 US

Registered Agent EDWARD H SARBEY
 1945 VERSAILLES ST.
 2ND FLOOR
 SARASOTA, FL 34239 US

Officer/Director Name And Address

D
SARBEY, EDWARD H.
1945 VERSAILLES ST, 2ND FLOOR
SARASOTA, FL 34239

D
PENELOPE H HILL
1945 VERSAILLES ST, 2ND FLOOR
SARASOTA, FL 34239

S
EDWARD J FARINA
1945 VERSAILLES ST, 2ND FLOOR
SARASOTA, FL 34239

If all of the above information is correct and If you need to make changes to the
you do not wish to make any changes, above information, please select: