


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # V16551 1. Entity Name SARASOTA THERAPY CENTER, INC. |  |
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| Principal Place of Business 1945 VERSAILLES ST. 2ND FLOOR SARASOTA, FL 34239 US | Mailing Address 1945 VERSAILLES ST. 2ND FLOOR SARASOTA, FL 34239 US |
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04252007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0315036 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SARBEY, EDWARD H 1945 VERSAILLES ST. 2ND FLOOR SARASOTA, FL 34239 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SARBEY, EDWARD H. 1945 VERSAILLES ST, 2ND FLOOR SARASOTA, FL 34239 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FARINA, EDWARD J 1945 VERSAILLES ST, 2ND FLOOR SARASOTA, FL 34239 |
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05/22/07-80030-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Edward J. Farina 4/26/07 (941) 366-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #