

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90224 049 ***150.00

DOCUMENT # V25218

1. Entity Name
THERAPY ASSOCIATES OF SARASOTA, 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



DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0322526	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARBAY, EDWARD H
 1945 VERSAILLES STR
 2ND FLOOR
 SARASOTA, FL 34239

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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 _____ DATE _____
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SARBAY, EDWARD H.
STREET ADDRESS	1945 VERSAILLES ST. 2ND FLOOR
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	D
NAME	HILL, PENELOPE H
STREET ADDRESS	1945 VERSAILLES ST. 2ND FLOOR
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	S
NAME	FARINA, EDWARD J
STREET ADDRESS	1945 VERSAILLES ST. 2ND FLOOR
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Edward H Sarbay*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04
 Date Daytime Phone #