

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-25-2005 90288 047 \*\*\*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

40000434



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

04202005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0322526**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SARBAY, EDWARD H**  
**1945 VERSAILLES STR**  
**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 SARBAY, EDWARD H. 1945 VERSAILLES ST. 2ND FLOOR SARASOTA, FL 34239 <input type="checkbox"/> Delete
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	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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 information.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/05**  
Date

Daytime Phone #



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	V25218
Business Entity Name	THERAPY ASSOCIATES OF SARASOTA, INC.
Original File Date	03/31/1992

FEI Number            65-0322526

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 SARBAY  
                             1945 VERSAILLES STR  
                             2ND FLOOR  
                             SARASOTA, FL 34239 US

Officer/Director Name And Address

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

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

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