

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90025 049 ***158.75

DOCUMENT # V46008 1. Entity Name SARASOTA HEALTH CARE SERVICES, INC.	
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Principal Place of Business 5476 GOLF POINTE DRIVE SARASOTA, FL 34243 US	Mailing Address 5476 GOLF POINTE DRIVE SARASOTA, FL 34243 US
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02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0344239	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRANVILLE H. CRABTREE JR. 942 BLVD OF THE ARTS SARASOTA, FL 34236	5476 GOLF POINTE DR. SARASOTA, FL. 34243
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**DO NOT WRITE
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 <i>Granville H. Crabtree, Jr.</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>2/18/04</u> 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CRABTREE, GRANVILLE H 5476 GOLF POINTE DRIVE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORBETT, EVA J 5476 GOLF POINTE DRIVE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <i>Granville H. Crabtree</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	GRANVILLE H. CRABTREE 02-18-04 941-358 7934 Date Daytime Phone #