2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735050

Entity Name: SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC.

FILED Feb 09, 2017 Secretary of State CC6768799997

Current Principal Place of Business:

1515 S. OSPREY AVENUE BLDG. B-4 SARASOTA, FL 34239

Current Mailing Address:

1515 S. OSPREY AVENUE BLDG. B-4 SARASOTA, FL 34239 US

FEI Number: 51-0188568 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CROSS STREET CORPORATE SERVICES, LLC 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title TRUSTEE, VICE CHAIR Title PRESIDENT

Name STANFORD, WILLIAM A Name AYRES, G MASON

Address 1515 S. OSPREY AVENUE, BLDG. B-4 Address 1515 S. OSPREY AVENUE, BLDG. B-4

City-State-Zip: SARASOTA FL 34239 City-State-Zip: SARASOTA FL 34239

Title TREASURER, TRUSTEE Title TRUSTEE

Name LEVY, LOUIS E Name WOOD, JR., ARTHUR M

Address 1515 S. OSPREY AVENUE Address 1515 S. OSPREY AVENUE

BLDG. B-4 BLDG. B-4

City-State-Zip: SARASOTA FL 34239 City-State-Zip: SARASOTA FL 34239

TitleCHAIRMAN, TRUSTEETitleSECRETARY, TRUSTEENameSYPRETT, JIM DNameCHAPMAN, III, WILLIAM E

Address 1515 S. OSPREY AVENUE Address 1515 S. OSPREY AVENUE, BLDG B-4

BLDG. B-4 City-State-Zip: SARASOTA FL 34239

City-State-Zip: SARASOTA FL 34239

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: G. MASON AYRES

PRESIDENT

02/09/2017

Date