2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735050

Entity Name: SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC.

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: No

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:

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Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	PRESIDENT	Title	IMMEDIATE PAST CHAIR, TRUSTEE
Name	AYRES, G MASON	Name	DELANEY, PHILIP A JR.
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	CHAIR, TRUSTEE	Title	SECRETARY, TRUSTEE
Name	VALENTINO, MICHAEL J	Name	MACKENZIE, GWEN
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	VICE CHAIR, TRUSTEE	Title	TREASURER, TRUSTEE
Name	KABINOFF, DEB	Name	MORGANROTH, JOEL
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

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   02/02/2022

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Electronic Signature of Signing Officer/Director Detail   Date