

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000013086

**Entity Name:** ROBERT AND SHERRY ROGERS, M.D. FOUNDATION, INC.

**Current Principal Place of Business:**

3230 CHARLES MACDONALD DR  
SARASOTA, FL 34240

**Current Mailing Address:**

3230 CHARLES MACDONALD DR  
SARASOTA, FL 34240

**FEI Number:** 20-8104471

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROGERS, ROBERT  
3230 CHARLES MACDONALD DR  
SARASOTA, FL 34240 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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            DPS  
Name            ROGERS, ROBERT  
Address        3230 CHARLES MACDONALD DR  
City-State-Zip: SARASOTA FL 34240

Title            DV  
Name            ROGERS, SHERRY MD  
Address        3230 CHARLES MACDONALD DR  
City-State-Zip: SARASOTA FL 34240

Title            DIRECTOR  
Name            MURPHY, RILEY  
Address        509 GLENN HOLLOW RD  
City-State-Zip: TRAVELERS REST SC 29690

*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:** ROBERT ROGERS

DPV

01/29/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date