

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005571

Entity Name: SARASOTA COLLABORATIVE, INC.**Current Principal Place of Business:**2033 MAIN ST SUITE 600
SARASOTA, FL 34237**Current Mailing Address:**2033 MAIN ST SUITE 600
SARASOTA, FL 34237**FEI Number:** 46-2999462**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAPLAN, TODD D ESQ
8470 ENTERPRISE CIRCLE SUITE 101
LAKEWOOD RANCH, FL 34202 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	PD
Name	BLUE, DEBORAH J
Address	401 N CATTLEMAN RD SUITE 300
City-State-Zip:	SARASOTA FL 34232

Title	VD
Name	PERMESLY, ROXANNE
Address	2055 WOOD ST
City-State-Zip:	SARASOTA FL 34237

Title	DS
Name	WALLACE, JAIME L
Address	2033 MAIN ST SUITE 600
City-State-Zip:	SARASOTA FL 34237

Title	TD
Name	MOORE, GINA T
Address	330 S PINEAPPLE AVE SUITE 106
City-State-Zip:	SARASOTA FL 34236

Title	D
Name	MANCUSO, LYNETTE R
Address	1776 RINGLING BLVD
City-State-Zip:	SARASOTA FL 34236

Title	D
Name	BYRD, HEATHER M
Address	2151 MAIN ST SUITE 201
City-State-Zip:	SARASOTA FL 34237

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: GINA T. MOORE**TREASURER****04/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date