

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000008617

Entity Name: CENTER FOR AGING AND REHABILITATION OF SARASOTA, INC.**FILED**
Feb 01, 2022
Secretary of State
8677651013CC**Current Principal Place of Business:**100 SE 2ND STREET, SUITE 2000
MIAMI, FL 33131**Current Mailing Address:**C/O TKP ACCOUNTING
3550 POWERLINE ROAD
OAKLAND PARK, FL 33309 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VILLALON, RAMSEY
100 SE 2ND STREET, SUITE 2000
MIAMI, FL 33131 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	COBD
Name	BROCK, ALAN
Address	12460 CRABAPPLE RD SUITE 202-308
City-State-Zip:	ALPHARETTA GA 30004
Title	D
Name	HOGUE, BRETT
Address	1100 S. STRATFORD ROAD, SUITE 400
City-State-Zip:	WINSTON-SALEM NC 27104

Title	D
Name	BARRETT, ALEX
Address	1100 S. STRATFORD ROAD SUITE 400
City-State-Zip:	WINSTON-SALEM NC 27104
Title	DS
Name	VILLALON, RAMSEY
Address	100 SE 2ND STREET, SUITE 2000
City-State-Zip:	MIAMI FL 33131

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: VILLALON, RAMSEY**DS****02/01/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date