

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

DOCUMENT# N20000008617

**Entity Name:** CENTER FOR AGING AND REHABILITATION OF SARASOTA,  
INC.

**Current Principal Place of Business:**

1755 18TH STREET  
SARASOTA, FL 34234

**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:**

LAW OFFICE OF ROBERT P. KELLY  
2699 STIRLING ROAD, C403B  
FT. LAUDERDALE, FL 33312 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: ROBERT P. KELLY**

**09/01/2022**

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 HOGE, 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 KELLY, ROBERT  
Address 2699 STIRLING ROAD, C403B  
City-State-Zip: FT. LAUDERDALE FL 33312

*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 KELLY**

**SECRETARY**

**09/01/2022**

Electronic Signature of Signing Officer/Director Detail

Date