

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2004Open to Public
Inspection**A** For the 2004 calendar year, or tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC.**

Number and street (or P O box if mail is not delivered to street address)

1838 WALDEMERE STREET

Room/suite

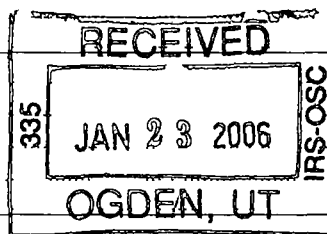
City or town, state or country, and ZIP + 4

SARASOTA, FL 34239**D** Employer identification number**51-0188568****E** Telephone number**(941) 917-1286****F** Accounting method☐ Cash ☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **WWW.SMHF.ORG****J** Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **24,018,675.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	2,316,106.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 2,316,106. noncash \$)			1d	2,316,106.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	39,699.
	5 Dividends and interest from securities			5	1,212,285.
	6 a Gross rents	6a			
b Less rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)			6c		
7 Other investment income (describe ▶)			7		
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
		20,370,845.	8a		
	b Less cost or other basis and sales expenses	19,627,030.	8b		
	c Gain or (loss) (attach schedule)	743,815.	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1			8d	743,815.
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ 20,600. of contributions reported on line 1a)	9a	19,293.		
	b Less direct expenses other than fundraising expenses	9b	16,871.		
	c Net income or (loss) from special events (subtract line 9b from line 9a)		SEE STATEMENT 2	9c	2,422.
	10 a Gross sales of inventory, less returns and allowances	10a			
b Less cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c		
11 Other revenue (from Part VII, line 103)			11	60,447.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	4,374,774.	
Expenses	13 Program services (from line 44, column (B))			13	6,997,258.
	14 Management and general (from line 44, column (C))			14	426,695.
	15 Fundraising (from line 44, column (D))			15	631,404.
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses (add lines 16 and 44, column (A))			17	8,055,357.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	-3,680,583.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	28,539,350.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3			20	1,921,107.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	26,779,874.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2004)

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**SARASOTA MEMORIAL HEALTHCARE FOUNDATION,
INC.**

51-0188568

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>6,800,683.</u> noncash \$ _____)	22 6,800,683.	6,800,683.	STATEMENT 7 STATEMENT 6	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 294,138.	0.	132,362.	161,776.
26 Other salaries and wages	26 225,793.		101,607.	124,186.
27 Pension plan contributions	27			
28 Other employee benefits	28 65,752.		29,588.	36,164.
29 Payroll taxes	29 34,080.		15,336.	18,744.
30 Professional fundraising fees	30			
31 Accounting fees	31 14,771.		14,179.	592.
32 Legal fees	32 10,105.		9,701.	404.
33 Supplies	33 10,801.		5,862.	4,939.
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37 8,647.		8,647.	
38 Printing and publications	38 42,117.		6,639.	35,478.
39 Travel	39 14,079.		3,520.	10,559.
40 Conferences, conventions, and meetings	40 7,504.		5,915.	1,589.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 18,034.		9,017.	9,017.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 4	43e 508,853.	196,575.	84,322.	227,956.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 8,055,357.	6,997,258.	426,695.	631,404.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a GRANTS TO SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL FOR EQUIPMENT AND FACILITIES (Grants and allocations \$ _____)	6,118,520.
b GRANTS TO SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL FOR PROFESSIONAL AND COMMUNITY EDUCATION PROGRAMS. (Grants and allocations \$ _____)	526,536.
c GRANTS TO SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL FOR PATIENT CARE & OTHER NEEDS (Grants and allocations \$ _____)	135,627.
d GRANT TO COMMUNITY AIDS NETWORK FOR CONTINUUM OF CARE (Grants and allocations \$ _____)	20,000.
e Other program services (attach schedule) STATEMENT 8 (Grants and allocations \$ _____)	196,575.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	6,997,258.

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**SARASOTA MEMORIAL HEALTHCARE FOUNDATION,
INC.**

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Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

				(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		75.	45	74.
	46	Savings and temporary cash investments		1,167,001.	46	900,040.
	47 a	Accounts receivable	47a	17,283.		
	b	Less allowance for doubtful accounts	47b		47c	17,283.
	48 a	Pledges receivable	48a	1,071,949.		
	b	Less allowance for doubtful accounts	48b		48c	1,071,949.
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees			50	
	51 a	Other notes and loans receivable	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		11,830.	53	110,155.
	54	Investments - securities STMT 9 STMT 13 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		26,489,584.	54	27,484,743.
	55 a	Investments - land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation	55b		55c	
	56	Investments - other SEE STATEMENT 10		70,294.	56	66,827.
	57 a	Land, buildings, and equipment basis	57a	147,893.		
	b	Less accumulated depreciation	57b	38,157.	57c	33,255.
Liabilities	58	Other assets (describe SEE STATEMENT 11)		2,240,287.	58	1,793,848.
	59	Total assets (add lines 45 through 58) (must equal line 74)		30,914,800.	59	31,478,174.
	60	Accounts payable and accrued expenses		33,752.	60	33,738.
	61	Grants payable		2,040,987.	61	4,379,826.
	62	Deferred revenue			62	
Net Assets or Fund Balances	63	Loans from officers, directors, trustees, and key employees			63	
	64 a	Tax-exempt bond liabilities			64a	
	b	Mortgages and other notes payable			64b	
	65	Other liabilities (describe SEE STATEMENT 12)		300,711.	65	284,736.
	66	Total liabilities (add lines 60 through 65)		2,375,450.	66	4,698,300.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		20,655,177.	67	17,327,046.
	68	Temporarily restricted		2,090,290.	68	3,426,218.
	69	Permanently restricted		5,793,883.	69	6,026,610.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		28,539,350.	73	26,779,874.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		30,914,800.	74	31,478,174.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements	a	8,107,215.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 72,844.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	72,844.
c	Line a minus line b	c	8,034,371.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ 20,986.		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	20,986.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	8,055,357.

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INC.**

Form 990 (2004)

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Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	X	
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b 72,844.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed FLORIDA		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 8		
91	The books are in care of ALEXANDRA QUARLES Telephone no 941-917-1286		

Located at 1838 WALDEMERE STREET, SARASOTA, FL

ZIP + 4 34239

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

**SARASOTA MEMORIAL HEALTHCARE FOUNDATION,
INC.**

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	39,699.	
96 Dividends and interest from securities			14	1,212,285.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	743,815.	
101 Net income or (loss) from special events			01	2,422.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a FINLAY RECOGNITION					
b DINNER			01	54,000.	
c OTHER INCOME			03	6,447.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,058,668.	0.
105 Total (add line 104, columns (B), (D), and (E))					2,058,668.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
	<div> <div>Signature of officer</div> <div>Date</div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>Date</div> <div>Check if self-employed</div> <div>Preparer's SSN or PTIN</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>EIN</div> <div>Phone no</div> </div>

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2004

Name of the organization **SARASOTA MEMORIAL HEALTHCARE FOUNDATION,
INC.**

Employer identification number
51 0188568

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LISA INTAGLIATA 1838 WALDEMERE ST., SARASOTA, FL	DIR OF DEVEL. 40	57,811.	8,137.	
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2004 INC.

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Part III Statements About Activities (See page 2 of the instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990

2d X

e Transfer of any part of its income or assets?

2e X

- 3 a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) SEE STATEMENT 16

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2004 INC.

51-0188568 Page 3

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,972,631.	2,329,260.	3,396,613.	1,474,107.	10,172,611.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	39,495.	108,119.	26,538.	3,065.	177,217.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	506,095.	487,141.	540,631.	659,143.	2,193,010.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	6,840.	8,588.	SEE STATEMENT 17 13,940.	10,911.	40,279.
23 Total of lines 15 through 22	3,525,061.	2,933,108.	3,977,722.	2,147,226.	12,583,117.
24 Line 23 minus line 17	3,485,566.	2,824,989.	3,951,184.	2,144,161.	12,405,900.
25 Enter 1% of line 23	35,251.	29,331.	39,777.	21,472.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 248,118.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 2,937,759.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 12,405,900.
d Add Amounts from column (e) for lines 18 2,193,010. 19 22 40,279. 26b 2,937,759.					26d 5,171,048.
e Public support (line 26c minus line 26d total)					26e 7,234,852.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 58.3178%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	N/A				
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	N/A				
(2003) (2002) (2001) (2000)					
c Add Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					
	NONE				

SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2004 INC.

51-0188568 Page 4

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
<hr/>		
<hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
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34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2004

SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2004 INC.

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☒ **a** if the organization belongs to an affiliated groupCheck ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

(a)
Affiliated group
totals(b)
To be completed for ALL
electing organizations

N/A

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)**36****37** Total lobbying expenditures to influence a legislative body (direct lobbying)**37****38** Total lobbying expenditures (add lines 36 and 37)**38****39** Other exempt purpose expenditures**39****40** Total exempt purpose expenditures (add lines 38 and 39)**40****41** Lobbying nontaxable amount Enter the amount from the following table -

If the amount on line 40 is -

The lobbying nontaxable amount is -

Not over \$500,000

20% of the amount on line 40

Over \$500,000 but not over \$1,000,000

\$100,000 plus 15% of the excess over \$500,000

Over \$1,000,000 but not over \$1,500,000

\$175,000 plus 10% of the excess over \$1,000,000

Over \$1,500,000 but not over \$17,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000

\$1,000,000

41**42** Grassroots nontaxable amount (enter 25% of line 41)**42****43** Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36**43****44** Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38**44****Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF SECURITIES	20,370,845.	19,627,030.	0.	743,815.
TO FORM 990, PART I, LINE 8	20,370,845.	19,627,030.	0.	743,815.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SNYDER GOLF TOURNAMENT	16,890.	10,975.	5,915.	2,480.	3,435.
PHYSICIANS GOLF					
TOURNAMENT	16,912.	4,450.	12,462.	12,464.	-2.
GALA PLANNING	6,091.	5,175.	916.	1,927.	-1,011.
TO FM 990, PART I, LINE 9	39,893.	20,600.	19,293.	16,871.	2,422.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	1,856,135.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	24,380.
UNREALIZED GAINS ON PERPETUAL TRUST	16,483.
RETURN OF GRANT FUNDS	24,109.
TOTAL TO FORM 990, PART I, LINE 20	1,921,107.

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	8,699.		8,699.	
DUES & SUBSCRIPTIONS	8,731.		2,729.	6,002.
MISCELLANEOUS	2,237.		2,013.	224.
PUBLIC RELATIONS	114,950.			114,950.
PURCHASED SERVICES	156,675.		49,895.	106,780.
PROFESSIONAL FEES	0.			
INVESTMENT FEES	20,986.		20,986.	
EDUCATIONAL PUBLICATION	196,575.	196,575.		
TOTAL TO FM 990, LN 43	508,853.	196,575.	84,322.	227,956.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT 5
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EXPLANATION

IMPROVE THE DELIVERY OF HEALTHCARE FOR THE SARASOTA, FLORIDA AREA THROUGH THE ACQUISITION AND UTILIZATION OF PHILANTHROPIC FUNDS.

FORM 990	CASH GRANTS AND ALLOCATIONS			STATEMENT 6
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
EQUIPMENT & FACILITIES	SARASOTA MEMORIAL HOSPITAL	1700 S. TAMiami TRAIL, SARASOTA, FL	NONE	4,408,661.
PATIENT CARE & OTHER NEEDS	COMMUNITY AIDS NETWORK	SARASOTA, FL	NONE	20,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				4,428,661.

FORM 990

CASH GRANTS AND ALLOCATIONS
APPROVED BUT NOT PAID BY FILING DEADLINE

STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
PROFESSIONAL & COMMUNITY EDUCATION	SARASOTA MEMORIAL HOSPITAL	1700 S. TAMiami TRAIL, SARASOTA, FL	NONE	526,536.
PATIENT CARE & OTHER NEEDS	SARASOTA MEMORIAL HOSPITAL	1700 S. TAMiami TRAIL, SARASOTA, FL	NONE	135,627.
EQUIPMENT & FACILITIES	SARASOTA MEMORIAL HOSPITAL	1700 S. TAMiami TRAIL, SARASOTA, FL	NONE	1709859.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				2372022.

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 8

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PUBLICATION FOR DISSEMINATION OF KNOWLEDGE CONCERNING HEALTHCARE		196,575.
TOTAL TO FORM 990, PART III, LINE E		196,575.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS	FMV		5,807,518.		5,807,518.
TO FORM 990, LINE 54, COL B			5,807,518.		5,807,518.

FORM 990	OTHER INVESTMENTS	STATEMENT	10
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DESCRIPTION	VALUATION METHOD	AMOUNT
BENEFICIAL INTEREST IN LIFE INSURAN	COST	66,827.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		66,827.

FORM 990	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	AMOUNT
ASSETS HELD IN CHARITABLE TRUSTS	594,869.
BEQUEST RECEIVABLE	10,000.
BENEFICIAL INTEREST IN PERPETUAL TRUST	550,244.
CONTRIBUTIONS RECEIVABLE FROM CHARITABLE REMAINDER TRUST	638,735.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,793,848.

FORM 990	OTHER LIABILITIES	STATEMENT	12
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DESCRIPTION	AMOUNT
ANNUITY PAYABLE	197,159.
LIABILITY UNDER UNITRUST AGREEMENTS	87,577.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	284,736.

FORM 990	OTHER SECURITIES	STATEMENT	13
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MUTUAL FUNDS	FMV	21,677,225.
TO FORM 990, LINE 54, COL B		21,677,225.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON PERPETUAL TRUST	16,483.
TOTAL TO FORM 990, PART IV-A	16,483.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALEXANDRA QUARLES 1838 WALDEMERE ST., SARASOTA, FL 34239	PRESIDENT & CEO 50	184,157.	11,360.	6,636.
HARVEY J. ABEL, ESQ. 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
ROBERT E. KIEBITZ 1838 WALDEMERE ST., SARASOTA, FL 34239	TREASURER 10	0.	0.	0.
WILLIAM B HIRONS 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
CHARLES KNOWLES 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
GLENN F. KIPLINGER, MD, PHD 1838 WALDEMERE ST., SARASOTA, FL 34239	SECRETARY 10	0.	0.	0.
PRISCILLA R. MITCHELL 1838 WALDEMERE ST., SARASOTA, FL 34239	VICE PRESIDENT & CFO 40	109,981.	13,272.	0.
J. ROBERT PETERSON 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.

SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

51-0188568

KAREN S. MATTESON 1838 WALDEMERE ST., SARASOTA, FL 34239	IMMEDIATE PAST CHAIRMAN 10	0.	0.	0.
JOHN E. SANDEFUR 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
PHILIP A. DELANEY 1838 WALDEMERE ST., SARASOTA, FL 34239	VICE CHAIRMAN 5	0.	0.	0.
CHARLES E. LOEWE, M.D. 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
ROBERT D. BOHAN 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
HOWARD ISERMANN 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
JOHNSON S. SAVARY, ESQ. 1838 WALDEMERE ST., SARASOTA, FL 34239	CHAIRMAN 10	0.	0.	0.
JOHN T BERTEAU, ESQ 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
ROBERT A DROHLICH 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
ALFRED R GOLDSTEIN 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
GORDON G NIDIFFER, M.D. 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
MARGARET WISE 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

294,138.

24,632.

6,636.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 16
PART III, LINE 3

SEE ATTACHED STATEMENT

SCHEDULE A	OTHER INCOME				STATEMENT 17
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	
OTHER INCOME	6,840.	8,588.	13,940.	10,911.	
TOTAL TO SCHEDULE A, LINE 22	6,840.	8,588.	13,940.	10,911.	

Sarasota Memorial Healthcare Foundation, Inc
EIN 51-0188568
FOR YEAR ENDED JUNE 30, 2005

LINE 57 A AND B

	2005	2004
FURNITURE, FIXTURES AND EQUIPMENT	147,893	134,761
	147,893	134,761
LESS ACCUM DEPRECIATION	(114,638)	(96,604)
LINE 57B	33,255	38,157



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 31, 2005

SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC.
1838 WALDEMERE ST
SARASOTA, FL 34239-2919

Re: Document Number 735050

The Amended and Restated Articles of Incorporation for SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC., a Florida corporation, were filed on March 30, 2005.

The certification you requested is enclosed. To be official, the certificate for a certified copy must be attached to the original document that was electronically submitted under FAX audit number H05000077879.

Should you have any questions concerning this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Carol Mustain
Document Specialist
Division of Corporations

Letter Number: 305A00022096

State of Florida



Department of State

I certify the attached is a true and correct copy of the Amended and Restated Articles of Incorporation, filed on March 30, 2005, for SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC., a Florida corporation, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H05000077879. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this corporation is 735050.

Authentication Code: 305A00022096-033105-735050

-1/1

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Thirty-first day of March, 2005



Glenda E. Hood
Glenda E. Hood
Secretary of State

ARTICLES OF INCORPORATION**of****SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC.****(AMENDED AND RESTATED)**

The Articles of Incorporation of Sarasota Memorial Healthcare Foundation, Inc., Florida Charter No. 735050 (the "Corporation") were amended and restated by the Board of Trustees of the Corporation by Resolution dated March 16, 2005. The Articles of Incorporation are hereby amended and restated in their entirety as follows:

I.
EFFECTIVE DATE

The effective date of these amended and restated Articles of Incorporation is upon filing. The original Articles of Incorporation were filed and the Corporation was incorporated on February 25, 1976, under the name Sarasota Memorial Hospital Foundation, Inc.. The name of the Corporation was changed to The Sarasota Memorial Hospital Century Foundation, Inc. by amendment filed on December 6, 1994, and was changed to Sarasota Memorial Healthcare Foundation, Inc. by amendment filed on December 18, 2000.

II.
NAME

The name of this Corporation is: SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC.

III.
STREET ADDRESS

The street address of the Corporation is 1838 Waldemere Street, Sarasota, Florida 34239-2919. The mailing address of the Corporation is the same as the street address.

IV.
PURPOSE AND POWERS

The Corporation is organized and shall be operated exclusively for charitable, educational and scientific purposes. The general purpose of the Corporation is, and shall be, to form and execute a public trust to encourage, aid, enrich and support, as its main purpose, the health care programs and activities of Sarasota Memorial Hospital and other not-for-profit hospital and health care organizations and facilities supported or controlled by the Sarasota County Public Hospital Board. The Corporation may also act in such capacity for other not-for-profit hospital or health care organizations and facilities in Sarasota County, Florida. Any hospital or health care organization or facility must qualify as an exempt organization under §501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future

United States Internal Revenue Law), or organizations, contributions to which are deductible under §170(c)(1) or (2) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future United State Internal Revenue Law). The Corporation is, and shall be, empowered to receive by gift, grant, purchase, devise, bequest, or in any other lawful manner, any real or personal property, and to hold, use, improve, operate, manage, lease, convey, convert, invest, dispose of by gift, sale, lease or otherwise, and transfer any or all of such real or personal property, and to use the same in any lawful manner for the furtherance of its purposes herein stated, and to do and perform generally all acts reasonably incident to the corporate purposes and objectives.

No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, trustees, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered, and to make payments and distributions in furtherance of the purposes set forth herein. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions of these Articles, the Corporation shall not carry on any activities not permitted to be carried on by a corporation exempt from Federal Income Tax under §501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law).

The Internal Revenue Service issued a determination letter in April 1978 granting the Corporation exemption from federal income tax under §501(c)(3) of the Internal Revenue Code. That letter, as updated to reflect the current name of the Corporation, is still in effect.

V. DIRECTORS

Directors of the Corporation shall be known as "Trustees" and the Corporation shall be governed by a Board of Trustees. The method of election of the Trustees shall be stated in the Bylaws.

VI. REGISTERED AGENT AND OFFICE

The Registered Agent of the Corporation is Elizabeth C. Marshall. The registered office of the Corporation is Williams, Parker, Harrison, Dietz & Getzen, 200 South Orange Avenue, Sarasota, Florida 34236. The original designation of Registered Agent and acceptance of designation of Registered Agent by Elizabeth C. Marshall was filed with the Department of State on March 25, 2002.

VII. TERM

The Corporation shall exist perpetually unless dissolved according to law.

VIII.
DISTRIBUTION UPON DISSOLUTION

Upon the dissolution of the Corporation, the Board of Trustees shall, after paying or making provision for the payment of all of the liabilities of the Corporation, dispose of all of the assets of the Corporation exclusively for the purposes of the Corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under §501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law) or an organization or organizations, contributions to which are deductible under §170(c)(1) or (2) of the Internal Revenue Code, as the Board of Trustees shall determine. Any of such assets not so disposed of shall be disposed of by the circuit court of the county in which the principal office of the Corporation is then located, exclusively for such charitable, educational or scientific purposes or to such organization or organizations as said court shall determine, which are organized and operated exclusively for such charitable, educational or scientific purposes.

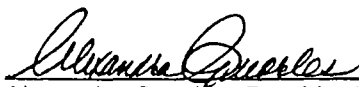
IX.
AMENDMENT

These articles may be amended by a two-thirds majority vote of the Trustees voting at any regular or special meeting of the Board of Trustees of the Corporation at which a quorum is present, provided that the proposed amendment shall have been included in the notice of the meeting.

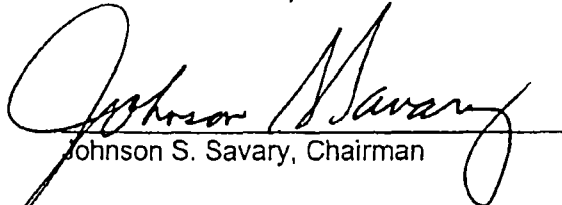
X.
CERTIFICATE PURSUANT TO F.S. §617.1007

This certificate is issued pursuant to F.S. §617.1007 by the undersigned. These amended and restated Articles of Incorporation do not include any amendment to the Articles of Incorporation which requires member approval. The Board of Trustees adopted these amended and restated Articles of Incorporation by a two-thirds vote of Trustees present at a duly noticed meeting of the Board of Trustees at which a quorum was present, which vote was sufficient to adopt these amended and restated Articles of Incorporation.

IN WITNESS WHEREOF, the undersigned, being the President and the Chairman of the Board of Trustees, have executed these amended and restated Articles of Incorporation this 21st day of March 2005.



Alexandra Quarles, President



Johnson S. Savary, Chairman

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