

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002821

FILED
Apr 03, 2012
Secretary of State

Entity Name: BROOKS SKILLED NURSING FACILITY A, INC.

Current Principal Place of Business:

3599 UNIVERSITY BLVD. S
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3599 UNIVERSITY BLVD. S
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 27-2153586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHARD, ROBERT H
1301 RIVERPLACE BLVD
SUITE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DCVP
Name: BAER, DOUGLAS M
Address: 3599 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: DP
Name: SPIGEL, MICHAEL R
Address: 3599 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: SNEED, GARY W
Address: 3599 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: S
Name: FULLER, BRIAN
Address: 3599 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: T
Name: BLAKE, BRUCE M
Address: 3599 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

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: DOUGLAS M. BAER

DCVP

04/03/2012

Electronic Signature of Signing Officer or Director

Date