

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90136 045 ****61.25

DOCUMENT # N99000004531

1. Entity Name

SPRINGBROOK HOSPITAL, INC.

Principal Place of Business

Mailing Address

6655 66TH ST. NORTH
 PINELLAS PARK FL 33781

6655 66TH ST. NORTH
 PINELLAS PARK FL 33781-5047



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7007 Grove Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

4. FEI Number

59-3588906

Applied For

Not Applicable

Zip

Country

Zip

Country

34609

Hernando

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOUGH, DAVID
 6655 66TH ST. NORTH
 PINELLAS PARK FL 33781

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Chairperson Delete
 NAME: Mrs Susan Latvala
 STREET ADDRESS: 109 Phillips Way
 CITY-ST-ZIP: Palm Harbor, FL 34683

TITLE: Board of Directors Change Addition
 NAME: Sen. Ginny Brown Waike
 STREET ADDRESS: 20 N. Main ST, Room 200
 CITY-ST-ZIP: Brooksville, FL 34601

TITLE: Vice Chairperson / President Delete
 NAME: Dr. Shirley Colletti
 STREET ADDRESS: 6655 66th St. North
 CITY-ST-ZIP: Pinellas Park, FL 33781

TITLE: Board of Directors Change Addition
 NAME: Ms. Evelyn DeHart
 STREET ADDRESS: 6191 Sumter Dr.
 CITY-ST-ZIP: Brooksville, FL 34602

TITLE: Treasurer Delete
 NAME: Mr. David Lough
 STREET ADDRESS: 6655 66th St. North
 CITY-ST-ZIP: Pinellas Park, FL 33781

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Co-Chief Operating Officer Delete
 NAME: Ms. Mary Lynn Stainton
 STREET ADDRESS: 6655 66th St. North
 CITY-ST-ZIP: Pinellas Park, FL 33781

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Board of Directors Delete
 NAME: Mrs. Paulette Hadley
 STREET ADDRESS: 557 Haven Point Dr.
 CITY-ST-ZIP: Treasure Island, FL 33706

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Board of Directors Delete
 NAME: Dr. Joseph Federico
 STREET ADDRESS: 1170 Gulf Blvd
 CITY-ST-ZIP: Clearwater, FL 337

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David J Lough*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J Lough, CFO 4/28/00 727-545-7262
 Date Daytime Phone #

CR2E037 (9/99)