

2001 UNIFORM BUSINESS REPORT-(UBR)

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FILED
May 19, 2001 8:00 am
Secretary of State

04-27-2001 90275 024 ****61.25

DOCUMENT # N99000004531
 1. Entity Name
SPRINGBROOK HOSPITAL, INC.

Principal Place of Business 7007 GROVE RD BROOKSVILLE FL 34609	Mailing Address 6855 66TH ST. NORTH PINELLAS PARK FL 33781
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3588906	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOUGH, DAVID 6855 66TH ST. NORTH PINELLAS PARK FL 33781	7. Name and Address of New Registered Agent Name <u>Shirley Coletti</u> Street Address (P.O. Box Number is Not Acceptable) <u>6655 66th St. North</u> <u>Pinellas Park</u> FL Zip Code <u>33781</u>
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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 *Ratvala Shirley Coletti* DATE 4/23/01
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME C D LATVALA, SUSAN MRS STREET ADDRESS 109 PHILLIPS WAY CITY-ST-ZIP PALM HARBOR FL 34683	<input type="checkbox"/> Delete	TITLE NAME SHIRLEY COLETTI STREET ADDRESS 6655 66TH ST NORTH CITY-ST-ZIP PINELLAS PARK FL 33781	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VCP D COLETTI, SHIRLEY DR STREET ADDRESS 6855 66TH ST NORTH CITY-ST-ZIP PINELLAS PARK FL 33781	<input type="checkbox"/> Delete	TITLE NAME MARGY LYNN WINEY STREET ADDRESS 557 HAVEN POINT DR CITY-ST-ZIP SAINT PETERSBURG FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T LOUGH, DAVID MR STREET ADDRESS 6855 66TH ST NO CITY-ST-ZIP PINELLAS PARK FL 33781	<input checked="" type="checkbox"/> Delete	TITLE NAME FEDERICO, JOSEPH STREET ADDRESS 1170 FUJIF BLVD CITY-ST-ZIP SAINT PETERSBURG FL 33706	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME CCOO B STANTON, MARY LYNN MS STREET ADDRESS 6855 66TH ST NO CITY-ST-ZIP PINELLAS PARK FL 33781	<input type="checkbox"/> Delete	TITLE NAME HADLEY, PAULETTE MRS STREET ADDRESS 557 HAVEN POINT DR CITY-ST-ZIP SAINT PETERSBURG FL 33706	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME BD HADLEY, PAULETTE MRS STREET ADDRESS 557 HAVEN POINT DR CITY-ST-ZIP SAINT PETERSBURG FL 33706	<input type="checkbox"/> Delete	TITLE NAME BD FEDERICO, JOSEPH STREET ADDRESS 1170 FUJIF BLVD CITY-ST-ZIP SAINT PETERSBURG FL 33706	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Susan Ratvala* DATE 4/23/01 DAYTIME PHONE # (727) 545-7564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)