

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004531

FILED
Apr 25, 2005
Secretary of State

Entity Name: SPRINGBROOK HOSPITAL, INC.

Current Principal Place of Business:

7007 GROVE RD
BROOKSVILLE, FL 34609

New Principal Place of Business:

7007 GROVE ROAD
BROOKSVILLE, FL 34609

Current Mailing Address:

18302 HIGHWOODS PRESERVE PKWY, STE 114
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3588906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVATT, JEFF M ESQ.
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 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: PCD () Delete
Name: PICCIANO, JOHN
Address: 18302 HIGHWOODS PRESERVE PKWY, STE 114
City-St-Zip: TAMPA, FL 33647

Title: SDEV () Delete
Name: O'SHEA, JAMES
Address: 18302 HIGHWOODS PRESERVE PKWY, STE 114
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: DONLEVY, MICHAEL
Address: 18302 HIGHWOODS PRESERVE PKWY, STE 114
City-St-Zip: TAMPA, FL 33647

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ANASTASI, LAWRENCE
Address: 18302 HIGHWOODS PRESERVE PKWY, STE 114
City-St-Zip: TAMPA, FL 33647

Title: D () Change (X) Addition
Name: COHEN, HANNAH
Address: 18302 HIGHWOODS PRESERVE PKWY, STE 114
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN PICCIANO

P

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date