

AMENDED

APPROVED
AND
FILED


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 MAY 22 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004531

1. Entity Name
SPRINGBROOK HOSPITAL, INC.




Principal Place of Business
7007 GROVE RD
BROOKSVILLE, FL 34609

Mailing Address
6655 66TH ST. NORTH
PINELLAS PARK, FL 33781

Handwritten initials

800020289108
05/30/03--01056--016 **61.25



2003 AMENDED

CHECK FOR FINANCING CHARGES

2. Principal Place of Business
Suite, Apt. #, etc.
Suite 207

3. Mailing Address
3401 Tamiami Trail North
Suite, Apt. #, etc.
Suite 207

City & State
Naples, Florida

City & State
Naples, Florida

Zip
34103

Country
USA

4. FEI Number
59-3588906

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLETTI, SHIRLEY
6655 66TH ST. NORTH
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent

Name
Jeff M. Novatt, Esq.

Street Address (P.O. Box Number is Not Acceptable)
821 Fifth Avenue South

Suite 201

City
Naples

FL

Zip Code
34102

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 5/21/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinsuring)

FILE NOW FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	CLARK, DIANNE	
STREET ADDRESS	6655 66TH ST NORTH	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	VCPD	<input checked="" type="checkbox"/> Delete
NAME	COLETTI, SHIRLEY DR	
STREET ADDRESS	6655 66TH ST NORTH	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	CCOD	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, NANCY	
STREET ADDRESS	6655 66TH ST NO	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	BD	<input checked="" type="checkbox"/> Delete
NAME	HADLEY, PAULETTE MRS	
STREET ADDRESS	667 HAVEN POINT DR	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NEWKOOP, JOHN L	
STREET ADDRESS	927 MAR DRIVE	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Picciano, John	
STREET ADDRESS	3401 Tamiami Trail North, Suite 207	
CITY-ST-ZIP	Naples, Florida 34103	
TITLE	SDEV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Shea, James	
STREET ADDRESS	3401 Tamiami Trail North, Suite 207	
CITY-ST-ZIP	Naples, Florida 34103	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donlevy, Michael	
STREET ADDRESS	3401 Tamiami Trail North, Suite 207	
CITY-ST-ZIP	Naples, Florida 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *[Signature]* 05/21/03 239-263-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John Picciano, President

Date Daytime Phone #

CR2E037 (10/02)