

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008439

Entity Name: BROOKSIDE PROFESSIONAL CENTER WEST, INC.**Current Principal Place of Business:**1831 N BELCHER RD STE G-3
CLEARWATER, FL 33765**Current Mailing Address:**1831 N BELCHER RD STE G-3
CLEARWATER, FL 33765**FEI Number: 14-1877290****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRIVACS, JAMES K
1831 N BELCHER RD STE G-3
CLEARWATER, FL 33765 US*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**Officer/Director Detail :**

Title	D, S
Name	KRIVACS, JAMES
Address	1831 N. BELCHER ROAD., G-3
City-State-Zip:	CLEARWATER FL 33765

Title	D, VP
Name	DOW, COLLEEN G
Address	21340 SOMERSET ST
City-State-Zip:	SHOREWOOD IL 60404

Title	D, P
Name	STARK, GEORGE
Address	29150 CHAPEL PRK DR
City-State-Zip:	WESLEY CHAPEL FL 33543

Title	D, TREASURER
Name	BARBICK, MICHAEL
Address	16546 N DALE MABRY
City-State-Zip:	TAMPA FL 33618

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: JAMES KRIVACS**D****03/30/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date