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.

CHAIRMAN

SIGNATURE: DOUGLAS M. BAER

Electronic Signature of Signing Officer/Director Detail

3599 UNIVERSITY BLVD. S JACKSONVILLE, FL 32216

DOCUMENT# N1000002821

Current Principal Place of Business:

Current Mailing Address:

3599 UNIVERSITY BLVD. S JACKSONVILLE, FL 32216

FEI Number: 27-2153586

Name and Address of Current Registered Agent:

PASCOE, BEVERLY A 1301 RIVERPLACE BLVD SUITE 1500 JACKSONVILLE, FL 32207 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

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: BROOKS SKILLED NURSING FACILITY A, INC.

Officer/Director Detail :

Officer/Director Detail :				
Title	CHAIRMAN, VP	Title	DIRECTOR, PRESIDENT	
Name	BAER, DOUGLAS M	Name	SPIGEL, MICHAEL	
Address	3599 UNIVERSITY BLVD S	Address	3599 UNIVERSITY BLVD S	
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216	
			DIDEOTOD	
Title	DIRECTOR	Title	DIRECTOR	
Name	JOHNSON, BRUCE M	Name	SERKIN, HOWARD C	
Address	3599 UNIVERSITY BLVD. S	Address	3599 UNIVERSITY BLVD. S	
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216	
Title	VP, SECRETARY, TREASURER			
Name	CURRAN, DANIEL R			
Address	3599 UNIVERSITY BLVD. S			
City-State-Zip:	JACKSONVILLE FL 32216			

Certificate of Status Desired: Yes

Date

04/24/2018

FILED Apr 24, 2018 Secretary of State CC1703374584

Date