

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002935

Entity Name: BROOKS SKILLED NURSING FACILITY HOLDINGS A, INC.

Current Principal Place of Business:

3599 UNIVERSITY BLVD. S
JACKSONVILLE, FL 32216

Current Mailing Address:

3599 UNIVERSITY BLVD. S
JACKSONVILLE, FL 32216

FEI Number: 27-2187557

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRITCHARD, ROBERT H
1301 RIVERPLACE BOULEVARD
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

Date

Officer/Director Detail :

Title DCVP
Name BAER, DOUGLAS M
Address 3599 UNIVERSITY BLVD S
City-State-Zip: JACKSONVILLE FL 32216

Title DP
Name SPIGEL, MICHAEL R
Address 3599 UNIVERSITY BLVD S
City-State-Zip: JACKSONVILLE FL 32216

Title D
Name SNEED, GARY W
Address 3599 UNIVERSITY BLVD S
City-State-Zip: JACKSONVILLE FL 32216

Title DVP
Name ANDERSON, JULIE
Address 3599 UNIVERSITY BLVD S
City-State-Zip: JACKSONVILLE FL 32216

Title SECRETARY/TREASURER
Name HARDISON, JAMES
Address 3599 UNIVERSITY BLVD. S
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name JOHNSON, BRUCE M
Address 3599 UNIVERSITY BLVD. S
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name SERKIN, HOWARD C
Address 3599 UNIVERSITY BLVD. S
City-State-Zip: JACKSONVILLE FL 32216

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 HARDISON

SECRETARY/TREASURER 05/01/2014

Electronic Signature of Signing Officer/Director Detail

Date