2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005
Secretary of State

DOCUMENT# 769550

Entity Name: SOUTH BREVARD GERIATRIC HEALTH CENTER, INC.

Current Principal Place of Business:

618 E. MELBOURNE AVENUE
MELBOURNE, FL 32902 US

New Principal Place of Business:

Current Mailing Address:

650 E. STRAWBRIDGE AVENUE
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITE, JAMES M
650 E STRAWBRIDGE AVENUE
MELBOURNE, FL 32901 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:	PD	( ) Delete
Name:	WHITE, JAMES	
Address:	8021 PINENEEDLE LANE	
City-St-Zip:	WEST MELBOURNE, FL 32904	
Title:	VD	( ) Delete
Name:	SHEVLIN, JERRY	
Address:	976 S. FORK CIRCLE	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	D	( ) Delete
Name:	O'BRIEN, INGE	
Address:	650 E. STRAWBRIDGE AV.	
City-St-Zip:	MELBOURNE, FL	
Title:	D	( ) Delete
Name:	SIMMONS, KATHY	
Address:	198 BILLIAR AVENUE	
City-St-Zip:	PALM BAY, FL 32907	
Title:	D	(X) Delete
Name:	MYSANTE, GERRY	
Address:	2014 NICKLOYS DRIVE	
City-St-Zip:	MELBOURNE, FL 32935	

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	(X) Change ( ) Addition
Name:	MYSANTE, GERRY	
Address:	2014 NICKLOYS DRIVE	
City-St-Zip:	MELBOURNE, FL 32935	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: JAMES M. WHITE MR. 09/07/2005
Electronic Signature of Signing Officer or Director — Date