

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 853478**  
 1. Entity Name  
**BROOKWOOD-WASHINGTON COUNTY CONVALESCENT CENTER, INC.**



Principal Place of Business 545 WAHOO RD PANAMA CITY BCH, FL 32408 US	Mailing Address BAY POINT BOX 27790 PANAMA CITY BCH, FL 32411-7790 US
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**DO NOT WRITE IN THIS SPACE**



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1473305	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MACK, THEODORE E. E  
 803 N CALHOUN ST  
 TALLAHASSEE, FL 32303

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUMMELS, KENNETH P. 545 WAHOO RD, BAY POINT BOX 27790 PANAMA CITY BCH, FL 324117790
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUMMELS, KENNETH P. 545 WAHOO RD, BAY POINT BOX 27790 PANAMA CITY BCH, FL 324117790
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/11/04-80036-014 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, 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:** *Kenneth P. Gummels* Kenneth P. Gummels President **2/15/2004** **850-233-8800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #