


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 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	



01132008 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000787022
01/17/08-80065-023-150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth P. Gummels, Pres.

1/15/2008

Date

850-233-8800

Daytime Phone #