

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005543

FILED
Apr 20, 2007
Secretary of State

Entity Name: GREYSTONE HEALTHCARE MANAGEMENT CORP.

Current Principal Place of Business:

3922 COCONUT PALM DRIVE
SUITE 102
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

152 WEST 57TH STREET, 60TH FLOOR
NEW YORK, NY 10019

New Mailing Address:

FEI Number: 13-4193208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BESSLER, CONNIE
Address: 3922 COCONUT PALM DRIVE, SUITE 102
City-St-Zip: TAMPA, FL 33619

Title: SEC () Delete
Name: DUBLIN, BONNIE
Address: 152 WEST 57TH STREET, 60TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: COO () Delete
Name: BRYAN, PATCHES
Address: 3922 COCONUT PALM DRIVE, SUITE 102
City-St-Zip: TAMPA, FL 33619

Title: VP () Delete
Name: MANDO, WILLIAM
Address: 3922 COCONUT PALM DRIVE, SUITE 102
City-St-Zip: TAMPA, FL 33619

Title: DIR () Delete
Name: ROSENBERG, STEPHEN
Address: 152 W 57TH STREET, 60TH FLOOR
City-St-Zip: NEW YORK, NY 10019 US

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: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN ROSENBERG

DIR

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date