

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005543

FILED  
Jan 09, 2009  
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 (X) 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 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

01/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date