

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005543

FILED
Apr 28, 2011
Secretary of State

Entity Name: GREYSTONE HEALTHCARE MANAGEMENT CORP.

Current Principal Place of Business:

4042 PARK OAKS BLVD.
SUITE 300
TAMPA, FL 33610

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: BESSLER, CONNIE
Address: 4042 PARK OAKS BLVD., SUITE 300
City-St-Zip: TAMPA, FL 33610

Title: SEC
Name: SCHWARTZ, LISA
Address: 152 WEST 57TH STREET, 60TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: VP
Name: MANDO, WILLIAM
Address: 4042 PARK OAKS BLVD., SUITE 300
City-St-Zip: TAMPA, FL 33610

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

I hereby 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 all other like empowered.

SIGNATURE: CONNIE BESSLER

PRES

04/28/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date