

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005543

FILED  
Apr 19, 2012  
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

04/19/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date