

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000113

FILED  
Feb 11, 2008  
Secretary of State

Entity Name: BROOKWOOD FLORIDA-EAST, INC.

**Current Principal Place of Business:**

11461 N.W. 43RD STREET  
CORAL SPRINGS, FL 330657180

**New Principal Place of Business:**

**Current Mailing Address:**

901 7TH AVE. SOUTH  
SAINT PETERSBURG, FL 33705

**New Mailing Address:**

FEI Number: 65-1072214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MESMER, PAMELA J  
901 SEVENTH AVENUE SOUTH  
ST. PETERSBURG, FL 33705 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: CD ( ) Delete  
Name: MYERS, EDWIN  
Address: 2571 NW 107 AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD ( ) Delete  
Name: LISS, JEFFREY  
Address: 625 PALM BOULEVARD  
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete  
Name: MESMER, PAM  
Address: 901-7TH AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: SD ( ) Delete  
Name: WALLACH-PALERMO, CHRISTINE  
Address: 12172 GLENMORE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete  
Name: CONSTANTINE, STACY  
Address: 901 - 7TH AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

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

SIGNATURE: PAM MESMER

D

02/11/2008

Electronic Signature of Signing Officer or Director

Date