

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000113

FILED
Apr 06, 2009
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 (X)

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: CD (X) Change () Addition
Name: HAPP, BRYAN
Address: 13630 NW 8TH ST, SUITE 210
City-St-Zip: SUNRISE, FL 33325

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

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

Title: SD (X) Change () Addition
Name: WALLACH-PALERMO, CHRISTINE
Address: 200 EAST LAS OLAS BLVD
City-St-Zip: FT LAUDERDALE, FL 33301

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

04/06/2009

Electronic Signature of Signing Officer or Director

Date