2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N02000008439

Entity Name: BROOKSIDE PROFESSIONAL CENTER WEST, INC.

Current Principal Place of Business:

1831 N BELCHER RD STE G-3
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

1831 N BELCHER RD STE G-3
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 14-1877290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMMOND, JAMES M
1831 N BELCHER RD STE A-1
CLEARWATER, FL 33765 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: PD ( ) Delete
Name: GRAHAM, H.P.
Address: 1001 BUELL AVE
City-St-Zip: JOLIET, IL 60435

Title: STD ( ) Delete
Name: KRIVACS, JAMES
Address: 1831 N. BELCHER ROAD., G-3
City-St-Zip: CLEARWATER, FL 33765

Title: DT ( ) Delete
Name: STARK, GEORGE
Address: 29150 CHAPEL PRK DR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: DVP ( ) Delete
Name: STERLING, PEGGY
Address: 29154 CHAPEL PRK DR
City-St-Zip: WESLEY CHAPEL, FL 33543

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:

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: JAMES KRIVACS D 02/25/2009

Electronic Signature of Signing Officer or Director — Date