
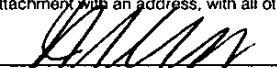


FILED
Mar 13, 2006 8:00 am
Secretary of State

40000

DOCUMENT # N02000008984						03-13-2006 90070 025 ****61.25	
1. Entity Name BR & SNF, INC.							
Principal Place of Business 799 OVERLOOK DR WINTER HAVEN, FL 33884				Mailing Address 799 OVERLOOK DR WINTER HAVEN, FL 33884			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent F & L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee Is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
P TATE, CHARLES 799 OVERLOOK DR WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete				VP Ellen Tate 799 Overlook Dr. Winter Haven, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
VP MOORE, RONNIE 799 OVERLOOK DR WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete				VP Judy Sanders 799 Overlook Dr. Winter Haven, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
ST BUTTER, FRED J 799 OVERLOOK DR WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete				ST [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition			
[Blank] <input type="checkbox"/> Delete				[Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition			
[Blank] <input type="checkbox"/> Delete				[Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition			
[Blank] <input type="checkbox"/> Delete				[Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  JOHN A. McCoy				3-6-06 867 324 1616			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			