

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002782

FILED
Apr 04, 2012
Secretary of State

Entity Name: BROOKS HOME CARE ADVANTAGE, INC.

Current Principal Place of Business:

5836 RICHARD STREET
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

3599 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 26-2216181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHARD, ROBERT H
1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE, FL 32207 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: DC
Name: SERKIN, HOWARD C
Address: 3599 UNIVERSITY BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: SNEED, GARY W
Address: 3599 UNIVERSITY BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: BUSSE, DAVID H
Address: 3599 UNIVERSITY BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: JOHNSON, BRUCE M
Address: 3599 UNIVERSITY BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: DP
Name: SPIGEL, MICHAEL
Address: 3599 UNIVERSITY BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: DVP
Name: BAER, DOUGLAS M
Address: 3599 UNIVERSITY BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

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

SIGNATURE: DOUGLAS M. BAER

DVP

04/04/2012

Electronic Signature of Signing Officer or Director

Date