

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 03, 2012
Secretary of State

Entity Name: BROOKS REHABILITATION CLINICAL RESEARCH CENTER, INC.

Current Principal Place of Business:

3599 UNIVERSITY BLVD SOUTH
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3599 UNIVERSITY BLVD SOUTH
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 45-2094888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHARD, ROBERT H
1301 RIVERPLACE BLVD, 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: DCP
Name: BAER, DOUGLAS M
Address: 3599 UNIVERSITY BLVD., S
City-St-Zip: JACKSONVILLE, FL 32216

Title: DVP
Name: SPIGEL, MICHAEL
Address: 8631 SAN SERVERA DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32217

Title: D
Name: SNEED, GARY W
Address: 305 MONTEREY VILLA COURT
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: ST
Name: BLAKE, BRUCE M
Address: 211 HUNSTON WAY
City-St-Zip: ST. JOHNS, FL 32259

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

DCP

04/03/2012

Electronic Signature of Signing Officer or Director

Date