

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006084

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** BROOKS SKILLED NURSING FACILITY B, INC.

**Current Principal Place of Business:**

3599 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

3599 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 45-2623130

**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 STE 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:** DCVP  
**Name:** BAER, DOUGLAS M  
**Address:** 3599 UNIVERSITY BLVD., S  
**City-St-Zip:** JACKSONVILLE, FL 32216

**Title:** DP  
**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:** S  
**Name:** FULLER, ROBERT B  
**Address:** 1625 PERSHING ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32205

**Title:** T  
**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

DCVP

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date