

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90091 022 ****61.25

DOCUMENT # N99000004377

1. Entity Name

BROOKSIDE PROFESSIONAL CENTER, INC.



Principal Place of Business

**1831 N BELCHER ROAD STE G-3
CLEARWATER FL 33765**

Mailing Address

**1831 N BELCHER ROAD STE G-3
CLEARWATER FL 33765**



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3744186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

**HAMMOND, JAMES M
1831 N BELCHER ROAD STE A-1
CLEARWATER FL 33765**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME SHELNUTT, R.C.
STREET ADDRESS 1831 N. BELCHER RD. STE #G-3
CITY- ST- ZIP CLEARWATER FL 33765

TITLE D ☒ Delete
NAME KRELOFF, BENJAMIN
STREET ADDRESS 1831 N. BELCHER RD. #G-3
CITY- ST- ZIP CLEARWATER FL 33765

TITLE D ☐ Delete
NAME HOWELL, HOWARD
STREET ADDRESS 701 SPOTTIS WOOD LA.
CITY- ST- ZIP CLEARWATER FL 33756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME James K. Krivacs
STREET ADDRESS 1831 N. Belcher Rd., Ste. G-3
CITY- ST- ZIP Clearwater, Fl 33765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Benjamin Kreloff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-07

Date

727-771-7558

Daytime Phone #