

2001 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # N99000004531

1. Entity Name

SPRINGBROOK HOSPITAL, INC.

Principal Place of Business

7007 GROVE RD
BROOKSVILLE FL 34609

Mailing Address

6855 66TH ST. NORTH
PINELLAS PARK FL 33781

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3588906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LOUGH, DAVID~~
~~6855 66TH ST. NORTH~~
~~PINELLAS PARK FL 33781~~

Name Shirley Coletti

Street Address (P.O. Box Number is Not Acceptable)

6655 66th St. North

Pinellas Park

FL

Zip Code

33781

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME C D
STREET ADDRESS LATVALA, SUSAN MRS
CITY-ST-ZIP 109 PHILLIPS WAY
PALM HARBOR FL 34683

TITLE ☐ Delete
NAME VCP D
STREET ADDRESS COLETTI, SHIRLEY DR
CITY-ST-ZIP 6855 66TH ST NORTH
PINELLAS PARK FL 33781

TITLE ☒ Delete
NAME T
STREET ADDRESS LOUGH, DAVID MR
CITY-ST-ZIP 6855 66TH ST NO
PINELLAS PARK FL 33781

TITLE ☐ Delete
NAME CCOO B
STREET ADDRESS STANTON, MARY LYNN MS
CITY-ST-ZIP 6855 66TH ST NO
PINELLAS PARK FL 33781

TITLE ☐ Delete
NAME BD
STREET ADDRESS HADLEY, PAULETTE MRS
CITY-ST-ZIP 557 HAVEN POINT DR
SAINT PETERSBURG FL 33706

TITLE ☐ Delete
NAME BD
STREET ADDRESS FEDERICO, JOSEPH
CITY-ST-ZIP 1170 FUJIF BLVD
SAINT PETERSBURG FL 33706

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME Shirley Coletti
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME Mary Lynn Wiley
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 exemption stated in Section 119.07(3)(i), 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:

Susan Latvala
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01
Date

(727) 545-7564
Daytime Phone #

FILED
May 19, 2001 8:00 am
Secretary of State

04-27-2001 90275 024 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)