

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90321 036 ****61.25

DOCUMENT # N99000004531

1. Entity Name
SPRINGBROOK HOSPITAL, INC.



Principal Place of Business
**7007 GROVE RD
BROOKSVILLE, FL 34609**

Mailing Address
**3401 TAMiami TRAIL NORTH
SUITE 207
NAPLES, FL 34103**

2. Principal Place of Business

3. Mailing Address
18302 Highwoods Preserve Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 114

City & State

City & State
Tampa, Florida

Zip

Country

Zip
33647

Country
USA

04162004

Chg-NP

CR2E037 (10/03)

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

**NOVATT, JEFF M ESQ.
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCD
PICCIANO, JOHN
3401 TAMiami TRAIL NORTH, SUITE 207
NAPLES, FL 34103** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SDEV
O'SHEA, JAMES
3401 TAMiami TRAIL NORTH, SUITE 207
NAPLES, FL 34103** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
DONLEVY, MICHAEL
3401 TAMiami TRAIL NORTH, SUITE 207
NAPLES, FL 34103** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**18302 Highwoods Preserve Parkway
Tampa, Florida 33647 Suite 114** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**18302 Highwoods Preserve Parkway
Tampa, Florida 33647 Suite 114** ☒ Change ☐ Addition

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NAME
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**18302 Highwoods Preserve Parkway
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CITY - ST - ZIP
☐ Change ☐ Addition

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:

John Picciano

04/

/04

813-978-1933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #