

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004531

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: SPRINGBROOK HOSPITAL, INC.

## Current Principal Place of Business:

7007 GROVE ROAD  
BROOKSVILLE, FL 34609

## New Principal Place of Business:

## Current Mailing Address:

18302 HIGHWOODS PRESERVE PKWY, STE 114  
TAMPA, FL 33647

## New Mailing Address:

FEI Number: 59-3588906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

BROCK, JAMES C ESQ.  
7972 CANYON LAKE CIRCLE  
ORLANDO, FL 32835 US

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: JAMES C. BROCK

04/28/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: PICCIANO, JOHN  
Address: 18302 HIGHWOODS PRESERVE PKWY, STE 114  
City-St-Zip: TAMPA, FL 33647

Title: SDEV ( ) Delete  
Name: O'SHEA, JAMES  
Address: 18302 HIGHWOODS PRESERVE PKWY, STE 114  
City-St-Zip: TAMPA, FL 33647

Title: TD ( ) Delete  
Name: DONLEVY, MICHAEL  
Address: 18302 HIGHWOODS PRESERVE PKWY, STE 114  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: ANASTASI, LAWRENCE  
Address: 18302 HIGHWOODS PRESERVE PKWY, STE 114  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: COHEN, HANNAH  
Address: 18302 HIGHWOODS PRESERVE PKWY, STE 114  
City-St-Zip: TAMPA, FL 33647

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition  
Name: PICCIANO, JOHN R  
Address: 18302 HIGHWOODS PRESERVE PKWY, STE 114  
City-St-Zip: TAMPA, FL 33647

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN R. PICCIANO

PCD

04/28/2006

Electronic Signature of Signing Officer or Director

Date