2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 01, 2003 8:00 am Secretary of State DOCUMENT # N99000004531 05-01-2003 90197 024 ****61.25 SPRINGBROOK HOSPITAL, INC. Principal Place of Business Mailing Address 7007 GROVE RD 6655 66TH ST. NORTH BROOKSVILLE FL 34609 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3588906 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLETTI, SHIRLEY Street Address (P.O. Box Number is Not Acceptable) 6655 66TH ST. NORTH PINELLAS PARK FL 33781 City 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Florida Department of State Added to Fees DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CD XXI Delete TITLE TITI F DIANNE CLARK. 🛭 Addition LATVALA, SUSAN MRS NAME NAME 6655 - 66th Street North STREET ADDRESS 109 PHILLIPS WAY STREET ADDRESS Pinellas, Park, Fl 33781 CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP VCPD TITLE ☐ Delete TITLE ☐ Change Addition COLETTI, SHIRLEY DR NAME STREET ADDRESS 6655 66TH ST NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 CCOD CCOD TITLE Delete Nancy Hamilton Addition ULREY, MARY LYNN NAME NAME 6655 - 66.Street North 6655 66TH ST NO STREET ADDRESS STREET ADDRESS Pinellas Park, Fl 33781 CITY-ST-ZIP CITY-ST-7IP PINELLAS PARK FL 33781 ☐ Delete TITLE ☐ Change Addition TITLE HADLEY, PAULETTE MRS NAME NAME 557 HAVEN POINT DR STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33706 CITY-ST-ZIP CHY-ST-7IP ☐ Delete TITLE TITLE President TX Change ☐ Addition NEWKOOP, JOHN L NAME NAME John Newkoop, MAcc 927 MAR DRIVE STREET ADDRESS STREET ADDRESS 927 Terra Mar Drive CITY-ST-7IP **TAMPA FL 33613** CITY-ST-ZIP Tempo F1 33613

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 attachmer

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

☐ Change

☐ Addition