

AMENDED

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

DOCUMENT # N99000004531

1. Entity Name  
**SPRINGBROOK HOSPITAL, INC.**

03 MAY 22 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
7007 GROVE RD  
BROOKSVILLE, FL 34609Mailing Address  
6655 66TH ST. NORTH  
PINELLAS PARK, FL 33781800020289108  
05/30/03--01056--016 \*\*61.25

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**3401 Tamiami Trail North**

Suite, Apt. #, etc.

**Suite 207**

City &amp; State

City &amp; State

**Naples, Florida**

Zip

Country

Zip

Country

**34103****USA**4. FEI Number  
**59-3588906**Applied For  
Not Applicable5. 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

COLETTI, SHIRLEY  
6655 66TH ST. NORTH  
PINELLAS PARK, FL 33781

Name

**Jeff M. Novatt, Esq.**

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

**821 Fifth Avenue South****Suite 201**

City

**Naples****FL**Zip Code  
**34102**

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's signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
C	CLARK, DIANNE	6655 66TH ST NORTH	PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/>
VCPD	COLETTI, SHIRLEY DR	6655 66TH ST NORTH	PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/>
CCOD	HAMILTON, NANCY	6655 66TH ST NO	PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/>
BD	HADLEY, PAULETTE MRS	667 HAVEN POINT DR	SAINT PETERSBURG, FL 33706	<input checked="" type="checkbox"/>
P	NEWKOOP, JOHN L	927 MAR DRIVE	TAMPA, FL 33613	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PCD	Picciano, John	3401 Tamiami Trail North, Suite 207	Naples, Florida 34103	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SDEV	O'Shea, James	3401 Tamiami Trail North, Suite 207	Naples, Florida 34103	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Donlevy, Michael	3401 Tamiami Trail North, Suite 207	Naples, Florida 34103	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**John Picciano, President**

05/21/03 239-263-9900

Date

Daytime Phone #

CR2E037 (10/02)