

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000032989

**FILED**  
**Jan 23, 2011**  
**Secretary of State**

**Entity Name:** BROOME SUPPORT COORDINATION SERVICES, INC.

**Current Principal Place of Business:**

1821 BLACK LK BLVD  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

1821 BLACK LK BLVD  
WINTER GARDEN, FL 34787

**New Mailing Address:**

**FEI Number:** 41-2201335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROOME, ISABEL  
1821 BLACK LK BLVD  
WINTER GARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BROOME, ISABEL  
Address: 1821 BLACK LK BLVD  
City-St-Zip: WINTER GARDEN, FL 34787

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ISABEL BROOME

PRES

01/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date