

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000008707

FILED
Aug 04, 2006
Secretary of State

Entity Name: BROADMOOR ALZHEIMER'S & MEMORY IMPAIRMENT CENTER OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

200 DIXIELAND DR
FT. PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

1550 N LAWNWOOD CIRCLE
FT. PIERCE, FL 34950 US

New Mailing Address:

FEI Number: 65-0767409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUNDSTROM, DANIEL J
1550 N LAWNWOOD CIRCLE
FT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

LUNDSTROM, CHRISTOPHER M
1550 N LAWNWOOD CIRCLE
FT PIERCE, FL 34950 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: CHRISTOPHER M LUNDSTROM

08/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUNDSTROM, CHRISTOPHER M
Address: 1550 N LAWNWOOD CIRCLE
City-St-Zip: FT. PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: CHRISTOPHER M LUNDSTROM

P

08/04/2006

Electronic Signature of Signing Officer or Director

Date