

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000008707

FILED
Apr 30, 2007
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, CHRISTOPHER M
1550 N LAWNWOOD CIRCLE
FT PIERCE, FL 34950 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

Election Campaign Financing Trust Fund Contribution ().

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: PRES (X) Change () Addition
Name: LUNDSTROM, CHRISTOPHER M
Address: 1550 N LAWNWOOD CIRCLE
City-St-Zip: FT. PIERCE, FL 34950

I hereby certify that the information supplied with this filing does not qualify 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

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date