2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2025
Secretary of State
8241580544CC

DOCUMENT# N10000002821

Entity Name: BROOKS SKILLED NURSING FACILITY A, INC.

Current Principal Place of Business:

3599 UNIVERSITY BLVD. S
JACKSONVILLE, FL 32216

Current Mailing Address:

3599 UNIVERSITY BLVD. S
JACKSONVILLE, FL 32216

FEI Number: 27-2153586

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URS AGENTS, LLC
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D, C, P
Name	BAER, DOUGLAS M
Address	3599 UNIVERSITY BLVD. S
City-State-Zip:	JACKSONVILLE FL 32216

Title	VP, DIRECTOR
Name	DERIENZO, VICTOR
Address	3599 UNIVERSITY BLVD. S
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR, SECRETARY, TREASURER, VP
Name	TABOR, J BRITTON
Address	3599 UNIVERSITY BLVD. S
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	SERKIN, HOWARD C
Address	3599 UNIVERSITY BLVD. S
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	MANN, ERIC
Address	3599 UNIVERSITY BLVD. S
City-State-Zip:	JACKSONVILLE FL 32216

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

SIGNATURE: DOUGLAS M BAER — CHAIRMAN — 04/22/2025

Electronic Signature of Signing Officer/Director Detail — Date