

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000130051

**Entity Name:** BRICKMAN HEALTH SERVICES INC

**Current Principal Place of Business:**

7800 1ST ST. N  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

7800 1ST ST. N  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 20-1625705

**Certificate of Status Desired:** No

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

BRICKMAN, JAMES  
7800 1ST ST. N  
ST. PETERSBURG, FL 33702 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 P  
Name BRICKMAN, JAMES  
Address 7800 1ST ST. N  
City-State-Zip: ST. PETERSBURG FL 33702

*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:** JAMES BRICKMAN

**PRESIDENT**

**03/23/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date