

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000032989

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

**Current Principal Place of Business:**

1821 BLACK LK BLVD  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

1821 BLACK LK BLVD  
WINTER GARDEN, FL 34787

**FEI Number:** 41-2201335

**Certificate of Status Desired:** No

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

BROOME, ISABEL  
1821 BLACK LK BLVD  
WINTER GARDEN, FL 34787 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            PRES  
Name            BROOME, ISABEL  
Address        1821 BLACK LK BLVD  
City-State-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

**PRESIDENT**

**01/15/2014**

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

\_\_\_\_\_  
Date