

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N12000004280

Entity Name: OUTREACH AUTISM SERVICES NETWORK, INC.

Current Principal Place of Business:

7634 SW 60TH AVE
OCALA, FL 34476

Current Mailing Address:

7634 SW 60TH AVE
OCALA, FL 34476 US

FEI Number: 45-5484493

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VEGA, KAREN
7634 SW 60TH AVE
OCALA, FL 34476 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: KAREN VEGA

10/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT AND EXECUTIVE
DIRECTOR

Name VEGA, KAREN

Address 7634 SW 60TH AVE

City-State-Zip: OCALA FL 34476

Title DIRECTOR

Name DERKAY, ROSE

Address 7634 SW 60TH AVE

City-State-Zip: OCALA FL 34476

Title DIRECTOR

Name CORNELL-OHLMAN, PH.D, P.A.,
JOANNE

Address 7634 SW 60TH AVE

City-State-Zip: OCALA FL 34476

Title DIRECTOR

Name FRYNS, JENNIFER PHD

Address 7634 SW 60TH AVENUE

City-State-Zip: OCALA FL 34476

Title DIRECTOR

Name KIRBAS, CHRIS

Address 7634 SW 60TH AVE

City-State-Zip: OCALA FL 34476

Title DIRECTOR

Name COLEN, CAROLINA

Address 7634 SW 60TH AVE

City-State-Zip: OCALA FL 34476

Title DIRECTOR

Name GRANT, LYNTRESSA DNP, ARNP-BC,
MSN, RN-CNE

Address 7634 SW 60TH AVENUE

City-State-Zip: OCALA FL 34476

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: KAREN VEGA

**PRESIDENT AND
EXECUTIVE DIRECTOR**

10/28/2016

Electronic Signature of Signing Officer/Director Detail

Date