
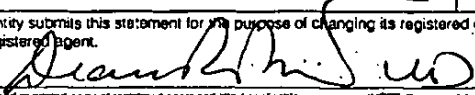



2006 FOR PROFIT CORPORATION ANNUAL REPORT

27. **FILED**
Mar 16, 2006 8:00 am
Secretary of State

02-21-2006 90027 001 ***150.00

DOCUMENT # 603488			
1. Entity Name THE BARRANCO CLINIC, P.A.			
Principal Place of Business 160 EAST LAKE HOWARD DRIVE C/O S.J. BARRANCO WINTER HAVEN, FL 33881-3155		Mailing Address 160 EAST LAKE HOWARD DRIVE C/O S.J. BARRANCO WINTER HAVEN, FL 33881-3155	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1389580		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRIGGS, DEANE R 160 EAST LAKE HOWARD DRIVE WINTER HAVEN, FL 33881-3155		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 2-17-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00.		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, DEANE R	NAME	
STREET ADDRESS	180 EAST LAKE HOWARD DR.	STREET ADDRESS	
CITY-STATE-ZIP	WINTER HAVEN, FL 338813155	CITY-STATE-ZIP	
TITLE	STD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, DEANE R	NAME	
STREET ADDRESS	160 EAST LAKE HOWARD DR	STREET ADDRESS	
CITY-STATE-ZIP	WINTER HAVEN, FL 00000.	CITY-STATE-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, MICHAEL J	NAME	
STREET ADDRESS	160 EAST LAKE HOWARD DR	STREET ADDRESS	
CITY-STATE-ZIP	WINTER HAVEN, FL 338813155	CITY-STATE-ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYLE, GEORGE D	NAME	
STREET ADDRESS	160 E LAKE HOWARD DR	STREET ADDRESS	
CITY-STATE-ZIP	WINTER HAVEN, FL 338813155	CITY-STATE-ZIP	
TITLE	VPD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKER, CHARLES R	NAME	
STREET ADDRESS	160 E LAKE HOWARD R	STREET ADDRESS	
CITY-STATE-ZIP	WINTER HAVEN, FL 338813155	CITY-STATE-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empowerment.			
SIGNATURE: 		DATE: 3-10-06 8632991251	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66005472



02022006 Chg-P CR2E034 (11/05)