

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603488

FILED
Feb 17, 2011
Secretary of State

Entity Name: THE BARRANCO CLINIC, P.A.

Current Principal Place of Business:

160 EAST LAKE HOWARD DRIVE
C/O LUCINDA SHELBY
WINTER HAVEN, FL 338813155

New Principal Place of Business:

Current Mailing Address:

160 EAST LAKE HOWARD DRIVE
C/O LUCINDA SHELBY
WINTER HAVEN, FL 338813155

New Mailing Address:

FEI Number: 59-1389580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIGGS, DEANE R
160 EAST LAKE HOWARD DRIVE
WINTER HAVEN, FL 338813155 US

Name and Address of New Registered Agent:

LYLE, GEORGE D
160 EAST LAKE HOWARD DRIVE
WINTER HAVEN, FL 338813155 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: GEORGE D. LYLE

02/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LYLE, GEORGE D
Address: 160 EAST LAKE HOWARD DR.
City-St-Zip: WINTER HAVEN, FL 338813155

Title: SD
Name: ROONEY, MICHAEL J
Address: 160 EAST LAKE HOWARD DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: ASD
Name: BROOKER, CHARLES R
Address: 160 E LAKE HOWARD DR
City-St-Zip: WINTER HAVEN, FL 338813155

Title: ATD
Name: MERRITT, ROBERT M
Address: 160 E LAKE HOWARD R
City-St-Zip: WINTER HAVEN, FL 338813155

Title: VD
Name: BRADFIELD, JOSEPH J
Address: 160 E. LAKE HOWARD DR.
City-St-Zip: WINTER HAVEN, FL 33881

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: GEORGE D. LYLE, M.D.

PD

02/17/2011

Electronic Signature of Signing Officer or Director

Date