

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603488

FILED  
Jan 16, 2012  
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:**

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

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

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

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: TD  
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

01/16/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date