

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001337

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** BREAST FRIENDS CORPORATION

**Current Principal Place of Business:**

14050 SW PACIFIC HWY, #201  
PORTLAND, OR 97224

**New Principal Place of Business:**

14050 SW PACIFIC HWY, #201  
TIGARD, OR 97224

**Current Mailing Address:**

14050 SW PACIFIC HWY, #201  
PORTLAND, OR 97224

**New Mailing Address:**

14050 SW PACIFIC HWY, #201  
TIGARD, OR 97224

**FEI Number:** 93-1320871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALMER, SHERRY  
1309 S. BABCOCK ST. #148  
MELBOURNE, FL 32901 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:** CPO  
**Name:** HENIFIN, SHARON  
**Address:** 14325 SW FANNO CREEK LOOP  
**City-St-Zip:** TIGARD, OR 97224

**Title:** CEO  
**Name:** OLSON, BECKY  
**Address:** 14785 SW CARLSBAD DR.  
**City-St-Zip:** BEAVERTON, OR 97007

**Title:** CHAI  
**Name:** JANES, KRISTEN  
**Address:** 5662 OWENS DR.  
**City-St-Zip:** PLEASANTON, CA 94588

**Title:** SEC  
**Name:** GILMOUR, GIA  
**Address:** 9815 SW RED ROCK WAY  
**City-St-Zip:** BEAVERTON, OR 97007

**Title:** VICE  
**Name:** HOURIET, CHARMAINE  
**Address:** VANCOUVER CLINIC - 700 NE 87TH AVE  
**City-St-Zip:** VANCOUVER, WA 98664

**Title:** TREA  
**Name:** TRAXTON, AARON  
**Address:** 14523 WESTLAKE DR  
**City-St-Zip:** LAKE OSWEGO, OR 97224

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:** BECKY M. OLSON

CEO

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date