

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90101 027 ***150.00

DOCUMENT # H81638

1. Entity Name
BREVARD LEARNING CLINIC, INC.



Principal Place of Business
**1900 S HARBOR CITY BLVD
#231
MELBOURNE, FL 32901**

Mailing Address
**1321 MURFREESBORO RD
STE 702
NASHVILLE, TN 37217**

DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2611041

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CLAYPOOL, MARK 1321 MURFREESBORO PIKE, STE 702 NASHVILLE, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV WHITFIELD, DONALD B 1321 MURFREESBORO PIKE STE 702 NASHVILLE, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPO ALLGOOD, ALVIN 1321 MURFREESBORO PIKE, STE 702 NASHVILLE, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE:

Donald B. Whitfield Donald B. Whitfield

1/25/06

615-361-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #