

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006293

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** JUST REACH OUT AND READ, INC.

**Current Principal Place of Business:**

134 S WOODS DR  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

134 S WOODS DR  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 20-1313271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STOCKETT, MARY ELLEN MD  
134 S. WOODS DR.  
ROCKLEDGE, FL 32955 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:** PSTD  
**Name:** STOCKETT, MARY ELLEN MD  
**Address:** 134 S WOODS DR  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** D  
**Name:** ECKHOFF, DAWN O CPNP  
**Address:** 134 S WOODS DR  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** D  
**Name:** ALLISON, KAREN  
**Address:** 134 S WOODS DR  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** D  
**Name:** NGUYEN, NGO  
**Address:** 134 S WOODS DR  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** D  
**Name:** BOROWSKI, A. JAN MD  
**Address:** 134 S WOODS DR  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** D  
**Name:** SAPP, DEBBIE  
**Address:** 134 S WOODS DR  
**City-St-Zip:** ROCKLEDGE, FL 32955

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:** MARY E. STOCKETT, MD

PSTD

04/23/2012

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

\_\_\_\_\_  
Date