

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007690

FILED
Apr 12, 2011
Secretary of State

Entity Name: INTERNATIONAL MEDICAL OUTREACH, INC

Current Principal Place of Business:

5388 MAST STREET
ORLANDO, FL 32814

New Principal Place of Business:

Current Mailing Address:

PO BOX 163245
ORLANDO, FL 32816

New Mailing Address:

FEI Number: 27-2790647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTOPOULOS & HELTON, PA
195 SW 28TH STREET
OKEECHOBEE, FL FL 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: MCCULLOCH, MEAGAN
Address: PO BOX 163245
City-St-Zip: ORLANDO, FL 32816

Title: VPD
Name: DORELUS, REMY M
Address: PO BOX 163245
City-St-Zip: ORLANDO, FL 32816

Title: TD
Name: ORLANDO, CHRISTOPHER
Address: PO BOX 163245
City-St-Zip: ORLANDO, FL 32816

Title: SD
Name: SILVA, JESSICA
Address: PO BOX 163245
City-St-Zip: ORLANDO, FL 32816

Title: D
Name: BRYAN, SONIA
Address: PO BOX 163245
City-St-Zip: ORLANDO, FL 32816

Title: D
Name: WEBSTER, CASSANDRA
Address: PO BOX 163245
City-St-Zip: ORLANDO, FL 32816

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: MEAGAN MCCULLOCH

PD

04/12/2011

Electronic Signature of Signing Officer or Director

Date