

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007690

FILED  
Apr 19, 2012  
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: BRYAN, SONIA  
Address: PO BOX 163245  
City-St-Zip: ORLANDO, FL 32816

Title: VPD  
Name: RAMIA, ELLEN  
Address: PO BOX 163245  
City-St-Zip: ORLANDO, FL 32816

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

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

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

Title: D  
Name: CHISUM, MICHAEL S  
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: SONIA BRYAN

PD

04/19/2012

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

\_\_\_\_\_  
Date