2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90332 048 ****61.25

DOCUMENT # N28924

1. Entity Name
BRANDON OUTREACH CLINIC, INC.

50010527

Principal Place of Business	Mailing Address
517 NORTH PARSONS AVE BRANDON, FL 33511 US	PO BOX 2724 BRANDON, FL 33509-2724 US

03302006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2917499 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CURRY, CLIFTON C. JR. 750 W. LUMSDEN ROAD BRANDON, FL 33511	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WEAVER, KAY 518 CENTERBROOK DR. BRANDON, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DUPRE, IRVING M 1206 GOLF MEADOW BLVD. VALRICO, FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAGUE, SUSAN B ARNP 305 SUZETTE DR BRANDON, FL 33511	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PARKS, STEPHEN D. MD 272 APOLLO BEACH BLVD APOLLO BEACH, FL 33572	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWMAN, LARRY R PH 1002 HOLLYBERRY COURT VALRICO, FL 33594	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAFT, JULIAN 922 W. BRANDON BLVD BRANDON, FL 33511	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARKS, STEPHEN D MD. 272 APOLLO BEACH BLVD APOLLO BEACH, FL 33572	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAUNDERS, STEVE 305 SUZETTE DR BRANDON, FL 33511	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEANSONNE, PATRICIA. MD. 10200 ELBOW BEND ROAD RIVERVIEW, FL 33569	☐ Change ☒ Addition

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 617, 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: Duran Dupre 3/30/2006 (813)654-1388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #