2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N28924

Entity Name: BRANDON OUTREACH CLINIC, INC.

Current Principal Place of Business:

517 NORTH PARSONS AVE
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2724
BRANDON, FL 335092724 US

New Mailing Address:

FEI Number: 59-2917499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURRY, CLIFTON C. JR.
750 W. LUMSDEN ROAD
BRANDON, FL 33511 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:	SD	( ) Delete
Name:	WEAVER, KAY	
Address:	518 CENTERBROOK DR.	
City-St-Zip:	BRANDON, FL 33511	
Title:	TD	( ) Delete
Name:	DUPRE, IRVING M	
Address:	1206 GOLF MEADOW BLVD.	
City-St-Zip:	VALRICO, FL 33596	
Title:	VD	( ) Delete
Name:	PARKS, STEPHEN D MD	
Address:	4603 DOGWOOD HILLS CT	
City-St-Zip:	BRANDON, FL 33511	
Title:	D	( ) Delete
Name:	CRAFT, JULIAN	
Address:	922 WEST BRANDON BLVD	
City-St-Zip:	BRANDON, FL 33511	
Title:	PD	( ) Delete
Name:	SAUNDERS, STEVE	
Address:	305 SUZETTE DR	
City-St-Zip:	BRANDON, FL 33511	
Title:	D	( ) Delete
Name:	JEANSONNE, PATRICIA MD	
Address:	10200 ELBOW BEND RD	
City-St-Zip:	RIVERVIEW, FL 33569	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBORAH MEEGAN EXD 02/16/2009

Electronic Signature of Signing Officer or Director — Date