

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28924

FILED  
Mar 18, 2010  
Secretary of State

**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  
Name: WEAVER, KAY  
Address: 518 CENTERBROOK DR.  
City-St-Zip: BRANDON, FL 33511

Title: TD  
Name: DUPRE, IRVING M  
Address: 1206 GOLF MEADOW BLVD.  
City-St-Zip: VALRICO, FL 33596

Title: VD  
Name: PARKS, STEPHEN D MD  
Address: 4603 DOGWOOD HILLS CT  
City-St-Zip: BRANDON, FL 33511

Title: D  
Name: CRAFT, JULIAN  
Address: 922 WEST BRANDON BLVD  
City-St-Zip: BRANDON, FL 33511

Title: PD  
Name: SAUNDERS, STEVE  
Address: 305 SUZETTE DR  
City-St-Zip: BRANDON, FL 33511

Title: D  
Name: JEANSONNE, PATRICIA MD  
Address: 10200 ELBOW BEND RD  
City-St-Zip: RIVERVIEW, FL 33569

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: DEBORAH MEEGAN

EXEC

03/18/2010

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

\_\_\_\_\_  
Date