2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28924

FILED Mar 29, 2011 Secretary of State

Entity Name: BRANDON OUTREACH CLINIC, INC.

Current Principal Place of Business: New Principal Place of Business:

517 NORTH PARSONS AVE BRANDON, FL 33511 US

Current Mailing Address: New Mailing Address:

PO BOX 2724

BRANDON, FL 335092724 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CURRY, CLIFTON C. JR.

750 W. LUMSDEN ROAD

BRANDON, FL 33511 US

DEBORAH, MEEGAN G

517 NORTH PARSONS AVENUE

BRANDON, FL 33510 US

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: DEBORAH MEEGAN 03/29/2011

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

Title: D

Name: CRAFT, JULIAN

Address: 922 WEST BRANDON BLVD City-St-Zip: BRANDON, FL 33511

Title: PD

Name: PARKS, STEVE

Address: 4603 DOGWOOD HILLS CT City-St-Zip: BRANDON, FL 33511

Title: [

 Name:
 SCHOONMAKER, ANN RN

 Address:
 714 GASPARINO CT

 City-St-Zip:
 SEFFNER, FL 33584

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 DIR 03/29/2011