2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
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:

517 NORTH PARSONS AVENUE
BRANDON, FL 33510

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

Name and Address of Current Registered Agent:

DEBORAH, MEEGAN G
517 NORTH PARSONS AVENUE
BRANDON, FL 33510 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: 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: D
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 ED 01/05/2012

Electronic Signature of Signing Officer or Director Date