FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90948 018 ****61.25

000000TO

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28924

1. Entity Name
BRANDON OUTREACH CLINIC, INC.

Principal Place of Business	Mailing Address
C/O CLIFTON CURRY JR 750 W LUNSEN RD BRANDON, FL 33511 US	750 LUMSDEN RD BRANDON, FL 33511 US

2. Principal Place of Business	3. Mailing Address
517 NORTH PARSONS AVE	C/O CLIFTON CURRY
Suite, Apt. #, etc.	Suite, Apt. #, etc. 750 W LUMSDEN RD.
City & State BRANDON FL	City & State BRANDON, FL
Zip 33511 Country USA	Zip 33509-1143 Country USA

[redacted]

☒ CHECK HERE IF MAKING CHANGES

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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 CENTER ROOL 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 11904 SHADOW RUN BLVD RIVERVIEW, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROECKER, RAEAN 410 SUMMINT CHASE DR VALRICO, FL 33594	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	☐ 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	☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] IRVING M. DUPRE, DIRECTOR 4/11/03 (813)684-1337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #