2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 21, 2007
Secretary of State

DOCUMENT# P03000130224

Entity Name: THE GILMORE CLINIC OF BRANDON, INC.

Current Principal Place of Business:

1427 OAKFIELD DRIVE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 470581
ATT: DAVID S. GILMORE, M.A.
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATTERSON, LISA J
914 JASMINE STREET
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

GILMORE, LISA J
914 JASMINE STREET
CELEBRATION, FL 34747 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: LISA GILMORE 01/21/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GILMORE, DAVID S
Address: 914 JASMINE STREET
City-St-Zip: CELEBRATION, FL 34747

Title: VP ( ) Delete
Name: WHICHELLO, NANCY
Address: 410 MERLIN COURT
City-St-Zip: BRANDON, FL 33510

Title: S,TR ( ) Delete
Name: WATTERSON, LISA J
Address: 914 JASMINE STREET
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S,TR (X) Change ( ) Addition
Name: GILMORE, LISA J
Address: 914 JASMINE STREET
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA WATTERSON S,TR 01/21/2007
Electronic Signature of Signing Officer or Director Date