

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130224

FILED
Apr 30, 2012
Secretary of State

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:

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

Name and Address of New Registered Agent:

GILMORE, LISA J
791 OAK SHADOWS ROAD
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: _____

Electronic Signature of Registered Agent

04/30/2012

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GILMORE, DAVID S
Address: 791 OAK SHADOWS ROAD
City-St-Zip: CELEBRATION, FL 34747

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

Title: S,TR
Name: GILMORE, LISA J
Address: 791 OAK SHADOWS ROAD
City-St-Zip: CELEBRATION, FL 34747

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA J GILMORE

Electronic Signature of Signing Officer or Director

S,TR

04/30/2012

Date