

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V39065 (0)

1. Corporation Name

BRANDON CLINICAL ASSOCIATES, INC.

Principal Place of Business

715 WEST BRANDON BLVD
BRANDON FL 33511
US

Mailing Address

739 W BRANDON BLVD
BRANDON FL 33511-4901
US

2. Principal Place of Business

21 755 W. BRANDON BLVD.

Suite, Apt. #, etc.

22 City & State

23 BRANDON, FL

Zip

24 33511

Country

25 USA

2a. Mailing Address

26 755 W. BRANDON BLVD.

Suite, Apt. #, etc.

27 City & State

28 BRANDON FL

Zip

29 33511

Country

30 USA

9. Name and Address of Current Registered Agent

ALLISTON, CURTIS L
17324 WHIRLEY RD
LUTZ FL 33549

3. Date Incorporated or Qualified

05/26/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3168713

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ALLISTON, CURTIS L
STREET ADDRESS 17324 WHIRLEY RD
CITY-ST-ZIP LUTZ FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 100002309311-4

1.3 STREET ADDRESS -10/01/97-01106-012

1.4 CITY-ST-ZIP ****165.00 ****165.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 100002309311-4

2.3 STREET ADDRESS -10/01/97-01106-013

2.4 CITY-ST-ZIP ****390.00 ****385.00

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED
97 SEP 29 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (9/96)