

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28924

**Entity Name:** BRANDON OUTREACH CLINIC, INC.**Current Principal Place of Business:**517 NORTH PARSONS AVE  
BRANDON, FL 33511**Current Mailing Address:**517 NORTH PARSONS AVENUE  
BRANDON, FL 33510**FEI Number: 59-2917499****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEBORAH, MEEGAN G  
517 NORTH PARSONS AVENUE  
BRANDON, FL 33510 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

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name WEAVER, KAY  
Address 518 CENTERBROOK DR.  
City-State-Zip: BRANDON FL 33511

Title DIRECTOR  
Name JEANSONNE, PATRICIA MD  
Address 10200 ELBOW BEND RD  
City-State-Zip: RIVERVIEW FL 33569

Title PRESIDENT  
Name BALL, JERRY  
Address 5211 LAUREL POINTE DR  
City-State-Zip: VALRICO FL 33596

Title SECRETARY  
Name POAGE, MELISSA  
Address 2548 ARBORWOOD DR  
City-State-Zip: VALRICO FL 33596

Title TREASURER  
Name DUPRE, IRVING M  
Address 1206 GOLF MEADOW BLVD.  
City-State-Zip: VALRICO FL 33596

Title D  
Name CRAFT, JULIAN  
Address 922 WEST BRANDON BLVD  
City-State-Zip: BRANDON FL 33511

Title DIRECTOR  
Name SCHOONMAKER, ANN RN  
Address 714 GASPARINO CT  
City-State-Zip: SEFFNER FL 33584

Title DIRECTOR  
Name HALL, MELONIE  
Address 2707 FALLING LEAVES DR  
City-State-Zip: VALRICO FL 33596

**Continues on page 2**

*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****CEO (EXECUTIVE  
DIRECTOR)****02/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                   |                 |                                |
|-----------------|-------------------|-----------------|--------------------------------|
| Title           | CEO               | Title           | VP                             |
| Name            | MEEGAN, DEBORAH   | Name            | MATTHEWS, MICHAEL              |
| Address         | 3803 SCOVILL LANE | Address         | 1302 N DALE MABRY<br>SUITE 217 |
| City-State-Zip: | VALRICO FL 33596  | City-State-Zip: | TAMPA FL 33619                 |