

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603488

FILED
Feb 07, 2014
Secretary of State
CC4282837347

Entity Name: THE BARRANCO CLINIC, P.A.

Current Principal Place of Business:

160 EAST LAKE HOWARD DRIVE
C/O LUCINDA SHELBY
WINTER HAVEN, FL 33881-3155

Current Mailing Address:

160 EAST LAKE HOWARD DRIVE
C/O LUCINDA SHELBY
WINTER HAVEN, FL 33881-3155

FEI Number: 59-1389580

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MERRITT, ROBERT M
160 EAST LAKE HOWARD DRIVE
WINTER HAVEN, FL 33881-3155 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: ROBERT M MERRITT

02/07/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MERRITT, ROBERT M
Address 160 EAST LAKE HOWARD DR.
City-State-Zip: WINTER HAVEN FL 33881-3155

Title TD
Name ROONEY, MICHAEL J
Address 160 EAST LAKE HOWARD DR
City-State-Zip: WINTER HAVEN FL 33881

Title VD
Name BROOKER, CHARLES R
Address 160 E LAKE HOWARD DR
City-State-Zip: WINTER HAVEN FL 33881-3155

Title SECRETARY
Name BRADFIELD, JOSEPH J
Address 160 E. LAKE HOWARD DR.
City-State-Zip: WINTER HAVEN FL 33881

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: ROBERT M. MERRITT

PRESIDENT

02/07/2014

Electronic Signature of Signing Officer/Director Detail

Date