SIGNATURE	: OMAYRA JENNINGS			01/23/2014
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	DIRECTOR	Title	MD	
Name	THOMAS, ROOSEVELT	Name	DEGNAN, MICHAEL DR.	
Address	597 VILLA PARK ROAD	Address	2612 CREST DRIVE	
City-State-Zip:	KISSIMMEE FL 34759	City-State-Zip:	HAINES CITY FL 33844	
Title	CHAIRMAN	Title	СМС	
Name	BROWN, BEVERLEY	Name	THOMPSON, JUANETTA	
Address	111 LAKE HOLLINGWORTH DRIVE	Address	325 MEDINA COURT	
City-State-Zip:	LAKELAND FL 33801	City-State-Zip:	KISSIMMEE FL 34758	
Title	DIRECTOR	Title	DIRECTOR	
Name	GILLEY, TERRILL	Name	KRESSEL, YEN YEN	
Address	1013 CANAL ROAD	Address	1202 CAMBRIA BEND	
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	KISSIMMEE FL 34759	
Title	DIRECTOR	Title	OTHER	
Name	WEITZ, MICHAEL N	Name	JENNINGS, OMAYRA	
Address	674 TAPATIO LANE	Address	911 BONNEVILLE LANE	
City-State-Zip:	KISSIMMEE FL 34759	City-State-Zip:	KISSIMMEE FL 34759	

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: OMAYRA JENNINGS

Electronic Signature of Signing Officer/Director Detail

#### 01/23/2014 CLINIC ADMINISTRATOR

Certificate of Status Desired: Yes

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.

### Name and Address of Current Registered Agent:

JENNINGS, OMAYRA 1205 DR. MARTIN L KING JR WAY HAINES CITY, FL 33844 US

# 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N0300005747

### Entity Name: PARKVIEW OUTREACH COMMUNITY CENTER INC.

# **Current Principal Place of Business:**

1205 DR. MARTIN L KING JR WAY HAINES CITY, FL 33844

# **Current Mailing Address:**

1205 DR. MARTIN L KING JR WAY HAINES CITY, FL 33844

## FEI Number: 01-0790991

# FILED Jan 23, 2014 Secretary of State CC8300316518