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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:51

DOCUMENT # 730792 (9)

1. Corporation Name
EMERGENCY PREGNANCY SERVICE, INC.

Principal Place of Business Mailing Address
**420 9TH ST N PO BOX 3352
NAPLES FLORIDA 33940 NAPLES FLORIDA 33941
US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/26/1974	3a. Date of Last Report 03/08/1994
4. FEI Number 51-0204833	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**ERICKSON, ROSEMARY J.
431 LAGOON AVE.
NAPLES FLORIDA 33940**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Rosemary J. Erickson DATE 3-12-1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	ERICKSON, ROSEMARY 431 LAGOON AVE NAPLES FL	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVP	BARONE, LUCIA 3011 70TH AVE S NAPLES FL	21 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP	GOEHRING, JOY 2585 11TH CIRCLE NAPLES FL	31 TITLE Nancy Farren /DVP 400 7th Ave S. Naples, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT	JOAN CARTER 3130 KINGS LK.BLVD. NAPLES FL	41 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	FRERICKS, PAT 2880 GULF SHORE BLVD N NAPLES FL	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS	MORASH, DOLLY 4456 LAKEWOOD BLVD NAPLES FL	61 TITLE DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lucia Barone DATE: March 12, 1995 TELEPHONE: 813-649-1565