

730792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

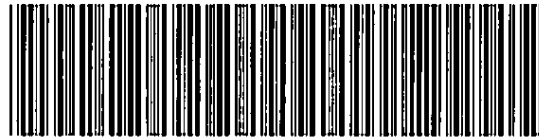
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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8/58

Ch# 730792

EMERGENCY PREGNANCY SERVICE, INC.

John P. Cardillo
Naples

9-5-74

Amc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 26 8 44 AM '74

FILED

CC sent
9-27-74
Jil

SOROKOTY, MONACO & CERVELLI, P. A.

Attorneys and Counselors at Law

948 CENTRAL AVENUE
NAPLES, FLORIDA 33940
TELEPHONE (813) 642-2141

WALTER G. SOROKOTY
DANIEL P. MONACO
RICHARD I. CERVELLI
JOHN P. CARDILLO

September 4, 1974

Hon. Richard "Dick" Stone
Secretary of State
Capitol Building
Tallahassee, Florida

RE: Emergency Pregnancy Service, Inc.

Dear Mr. Stone:

Enclosed please find an original and one copy of the Articles of Incorporation for the above captioned corporation along with our check in the amount of \$40.00 for filing fees.

Please file the original Articles of Incorporation and return a certified copy to the undersigned.

Very truly yours,
SOROKOTY, MONACO & CERVELLI, P.A.

John P. Cardillo
John P. Cardillo

JPC:cks
Enc.
CC: Sandy Chancy
761 101st Avenue North
Naples, Florida 33940

SEP -5-74 02 48200 *****3.00
SEP -5-74 02 48100 *****5.00
SEP -5-74 02 48000 *****32.00

SEP 26 8 44 AM '74
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

PRIVILEGE TAX	
C. TAX	
FILING	32
C. COPY	5
R. A. FEE	3
P. COPY	
SEARCH	
TOTAL	40
BALANCE DUE	\$27.77
REFUND	\$30

TW



Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304

Dorothy W. Gibson
SECRETARY OF STATE

JOHN P. CARDILLO
945 Central Ave.
Naples, Fla. 33940

884/428-2140
(TWX) 610/831-3677
Please refer to this number for future correspondence regarding this application

730792
September 27, 1974

Subject: **EMERGENCY PREGNANCY SERVICE, INC.**

A refund for \$2. is enclosed for the reason checked:

1. Withdrawal of charter.
2. X Overpayment of filing fee.
3. Charter not of record in this office.
4. Overpayment of certification fee.
5. Filing fee previously paid.
6. No fee required.
7. No response to our letter of _____
8. Overpayment of charter tax. _____
9. Comments:

If you have any questions regarding this matter, please let us know.

corp-77

REQUISITION FOR REFUND

This money was originally received per validator stamp as follows:

Date	Validation No.	Machine No.	Dept. No.	Amount
8/5/74	48000	2	12	\$32.00

all

Requested by:

Authorized Signature

For use by Fiscal Department

Paid by Revolving Fund Check No. _____

dated _____ amount _____

gen-1

SOROKOTY, MONACO & CERVELLI, P. A.

Attorneys and Counselors at Law

948 CENTRAL AVENUE
NAPLES, FLORIDA 33940
TELEPHONE: (813) 642-2141

WALTER D. SOROKOTY
DANIEL R. MONACO
RICHARD I. CERVELLI
JOHN P. CARDILLO

September 24, 1974

Dorothy W. Glisson
Secretary of State
Capitol Building
Tallahassee, Florida 32304

RE: Emergency Pregnancy Service, Inc.
ATTENTION: Nettie P. Sims, Chief
Bureau of Corporation Records

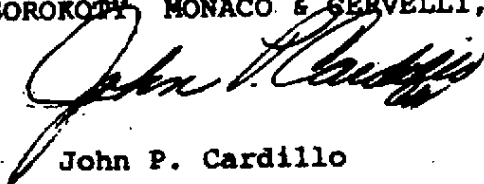
RECEIVED
SEP 26 1 10 PM '74
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Ms. Sims:

Pursuant to your memo of September 9, 1974, enclosed please find the original and one copy of the revised Articles of Incorporation for the above captioned corporation.

If same meets with your approval, please incorporate and return the enclosed copy certified.

Very truly yours,
SOROKOTY, MONACO & CERVELLI, P.A.


John P. Cardillo

JPC:cks
Enc.

FILED
SEP 26 8 44 AM '74
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Dorothy W. Glisson
SECRETARY OF STATE

Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304
(904) 488-3888

September 9, 1974

FILED

SEP 26 8 44 AM '74

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

904/488-3140
(FWS) 616/821-9877
Please refer to this number for future correspondence
regarding this corporation

John P. Cardillo, Esquire
945 Central Ave.
Naples, Fla. 33940

Subject: EMERGENCY PREPARATION SERVICE, INC.

Returned XX, Pending _____ Check acknowledged \$40.00

1. _____ NAME IS NOT AVAILABLE.
2. _____ Name must include a corporate suffix, INC. or INCORPORATED.
3. _____ BALANCE DUE:
4. _____ The qualification of members must be shown in the articles.
5. XX _____ The number of directors the corporation shall have, which cannot be less than three, must be shown with a statement designating the total number.
6. _____ The articles must state what officers will manage the affairs of the corporation.
7. _____ Notary public's acknowledgement is incomplete.
8. _____ Notary public's acknowledgement is not acceptable. See attached memorandum.
9. _____ All subscribers must sign and their signatures must be notarized.
10. _____ Resident agent must be designated at the time of filing. See attached for instructions.
11. _____ The articles must state by whom and in what manner amendments to the articles of incorporation may be proposed and adopted.
12. _____ The articles must state by whom the by-laws of the corporation are to be made, altered or rescinded.
13. _____ A non-profit corporation must at all times have at least three directors and three subscribers.
14. _____ The copy must be legible for microfilm purposes.
15. XX _____ Other: The articles must state at least three officers.

Sincerely,

Dorothy W. Glisson
Secretary of State

By *Nettie F. Sims*
Nettie F. Sims, Chief
Bureau of Corporation Records

NFS/vs

SEP 26 8 44 AM '74
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF INCORPORATION
OF
EMERGENCY PREGNANCY SERVICE, INC.

The undersigned subscribers to these Articles of Incorporation, each a natural person competent to contract, hereby associate themselves together to form a corporation not for profit under the laws of the State of Florida.

ARTICLE I - NAME

The name of this corporation shall be:

EMERGENCY PREGNANCY SERVICE, INC.

and it shall be located in Collier County, Florida.

ARTICLE II - PURPOSE

The purpose of this corporation shall be to engage in charitable purposes within the meaning of Sec. 501 (c) (3) of the Internal Revenue Code of 1954, including but not limited to the following:

- A. To provide alternatives to abortion by providing assistance, positive services and creative choices to women or girls faced with unwanted or otherwise distressing pregnancies.
- B. To provide volunteers to act on behalf of the corporation with training of such a nature and scope to help solve problems encountered by women or girls faced with unwanted or otherwise distressing pregnancies. Such volunteers being capable of establishing personal relationships with all those who ask.
- C. To provide these services for as long as such women or girls have problems relating to unwanted or otherwise distressing pregnancies.

ARTICLE III - MEMBERSHIP

Membership in this organization and the manner of admission shall be set out in the By-Laws.

ARTICLE IV - TERM OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE V - SUBSCRIBERS

The names and street addresses of the subscribers of these Articles are as follows:

SANDRA A. CHANCY	761 101st Avenue North Naples, Florida
DIANE BRUNS	520 Carica Road Naples, Florida
DOLORES ALDACOSTA	Lot 42, El Rancho Naples, Florida

ARTICLE VI - OFFICERS

The officers who shall manage the affairs of the corporation shall be a President, Vice-President-Treasurer, and a Secretary, and they shall be elected at the annual meeting of the members for a one year term. Each officer must be a member of this corporation at the time of the election and if his membership ceases during his tenure the office shall be declared vacant. The names and addresses of the officers who shall serve until the first election are:

SANDRA A. CHANCY	President	761 101st Avenue North Naples, Florida
DIANE BRUNS	Secretary	520 Carica Road Naples, Florida
DOLORES ALDACOSTA	Vice-President & Treasurer	Lot 42, El Rancho Naples, Florida

ARTICLE VIII - BOARD OF DIRECTORS

This corporation shall have not less than three directors and the names and addresses of the persons who are to serve as directors until the first election are:

Rev. Dominick O'Dwyer P.O. Box 1081 Naples, Florida	Joseph Sullivan, M.D. 841 4th Avenue North Naples, Florida
John B. Dalton, M.D. 509 104th Avenue North Naples, Florida	Dorothy Ryan Naples Daily News Naples, Florida
Jean McInnes 3403 Santiago Way Naples, Florida	Esther Levitt 1274 13th Street North Naples, Florida
Joseph Orr 635 Bimini Avenue Naples, Florida	Diane Bruns 520 Carica Road Naples, Florida

ARTICLE VIII
ARTICLES OF INCORPORATION

Making, alteration, rescision:

After approval of this Charter by the Secretary of State, the officers of the corporation shall be and constitute a committee to draw and submit, at a regular meeting, a set of By-Laws for adoption and approval by the corporation, a two-thirds (2/3) majority of the members of this corporation shall be required to confirm and ratify such By-Laws. Any further amendment, rescision or revision of By-Laws of the corporation or the Articles of Incorporation shall be accomplished by a two-thirds (2/3) vote of the members.

ARTICLE IX - AMENDMENT

Amendments to Articles of Incorporation may be proposed and adopted in the same manner as the alteration of the By-Laws.

IN WITNESS WHEREOF, we have hereunto set our hands and seals, acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida, this 28th day of August, 1974.

Sandra A. Chancy
SANDRA A. CHANCY

Diane Bruns
DIANE BRUNS

Dolores Aldacosta
DOLORES ALDACOSTA

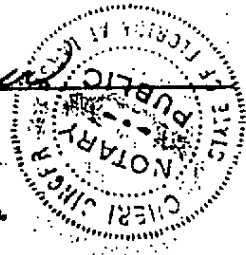
STATE OF FLORIDA)
) ss.
COUNTY OF COLLIER)

BEFORE ME, personally appeared SANDRA A. CHANCY, DIANE BRUNS and DOLORES ALDACOSTA, to me well known and known to me to be the individuals described in and who executed the foregoing Articles of Incorporation and acknowledged before me that they executed the same for the purposes therein expressed.

WITNESS MY HAND and official seal in the County and State named above this 28th day of August, 1974.

Cheri Singer
Notary Public
My Commission Expires:

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES MAR. 6, 1977
BONDED THROUGH MURSKI - HUCKLEBERRY, INC.



LAW OFFICES
BOROKOTY, MONACO
& CERVELLI, P.A.
943 CENTRAL AVENUE
NAPLES, FLORIDA 34109
848-6161

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OR PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST -- That EMERGENCY PREGNANCY SERVICE, INC., desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at the City of Naples, County of Collier, State of Florida, has named SANDRA A. CHANCY located at 761 101st Avenue North, Naples, Florida, as its agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Sandra A. Chancy
SANDRA A. CHANCY, Resident Agent

SEP 26 8 43 AM '74
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CORPORATION ANNUAL REPORT

AUG -5-75 1

223*****2 DC

NON-PROFIT CORP.
NON-PROFIT CORP

DUE—JAN. 1

DELINQUENT—JULY 1

VALIDATION AREA - DO NOT WRITE IN THIS SPACE

THIS FORM
A FILING FEE TO:

① **730797** ⑥
CHARTER NUMBER

② **09/26/1974**
DATE INC. OR IF FOREIGN
DATE QUALIFIED IN FLA.

③ SICC SEE ENVELOPE BACK
④ CHANGE TO:

YEAR OF LAST REPORT
FILED IN THIS OFFICE
1975
YEAR(S) THIS REPORT
COVERS

SECRETARY OF STATE
THE CAPITOL
TALLAHASSEE, FLORIDA
32304

④ FED. EMPLOYER ID. NO. *not applicable*
⑤ CHANGE TO:

⑤ FISCAL CLOSE OF ACCOUNTING PERIOD (MO) *Sept.*
⑥ CHANGE TO:

⑥ EMERGENCY PREGNANCY SERVICE, INC.

EXACT
NAME

DO NOT WRITE IN THIS SPACE

UNIFORM STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

30 2 55 AM 1975

FOR DIVISION USE ONLY
FILED

MW 8/6

⑦ IF RESIDENT AGENT AND/OR ADDRESS IS DIFFERENT, WRITE THIS OFFICE AT THE ABOVE ADDRESS FOR PROPER FORMS.

RESIDENT AGENT AND STREET ADDRESS
CHANCEY, SANDRA A
761 101ST AVE NORTH
NAPLES FLORIDA

PLEASE READ INSTRUCTIONS ON BACK

NOTICE: IN THE FUTURE, ALL MAIL WILL BE ADDRESSED TO THE PHYSICAL STREET ADDRESS OF CORPORATION TO COMPLY WITH THIS REQUIREMENT, PLEASE CHANGE THE MAILING ADDRESS TO REFLECT THE PHYSICAL STREET ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS IF NOT ALREADY STATED.

⑧ ADDRESS
730797
EMERGENCY PREGNANCY SERVICE, INC.
761 101ST AVE NORTH
NAPLES FLORIDA

⑧a CHANGE TO:
NO P.O. BOX

⑨ OFFICERS/DIRECTORS NAMES	STREET ADDRESS	CITY / STATE	TITLE(S)
CHANCEY, SANDRA A		NAPLES, FL	SECRETARY
ALMAGOSTA, INEOREE		NAPLES, FL	U.P.
ALMAGOSTA, INEOREE		NAPLES, FL	TRFC
WALTON, JOHN H		NAPLES, FL	DIR.
HOTJMES, JEAN		NAPLES, FL	DIR.
WARR, JOSEPH		NAPLES, FL	DIR.

CAPITAL STOCK

⑩ CAPITAL STOCK (OR NUMBER & BOOK VALUE OF ALL CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES. I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.

I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE STOCK (OR CERTIFICATES OF INTEREST OR PARTICIPATION) TRANSACTIONS DURING THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201, FLORIDA STATUTES. I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE *Sandra Chancey*
TITLE *Secretary* TEL. NO. *597-3211*
DATE *June 24, 1975*

⑪ IF YOU DO NOT HAVE CAPITAL STOCK DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED

CORPORATION ANNUAL REPORT

ANNUAL FILING FEES
\$5.00—PROFIT CORP.
\$5.00—NON-PROFIT CORP.

NO. 12 76 1 2004 11 11 11 11 11

DUE—JAN. 1 DELINQUENT—JULY 1 VALIDATION AREA - DO NOT WRITE IN THIS SPACE

REMIT THIS FORM
& FILING FEE TO

① **730792**
CHARTER NUMBER

6

② **09/26/1974**
DATE INC. OR IF FOREIGN
DATE QUALIFIED IN FLA.

③ SIC: **8699**
SEE ENVELOPE BACK

1975 YEAR OF LAST REPORT
FILED IN THIS OFFICE

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
THE CAPITOL
TALLAHASSEE, FLORIDA
32304

④ FED. EMPLOYER ID. NO.

④ CHANGE TO: _____

1976 YEAR(S) THIS REPORT
COVERS

⑤ **EMERGENCY PREGNANCY SERVICE, INC.**

EXACT
NAME

PLEASE READ INSTRUCTIONS ON BACK

⑥ STREET ADDRESS OF PRINCIPAL OFFICE. POST OFFICE BOX ALONE WILL NOT BE ACCEPTABLE

⑥ **730792**
EMERGENCY PREGNANCY SERVICE, INC.
761 101ST AVE NORTH

NAPLES FLORIDA

⑥a **STREET ADDRESS CHANGE**

⑦ **CANCY, SANDRA A**
761 101ST AVE NORTH

REGISTERED
AGENT
AND
STREET
ADDRESS

NAPLES FLORIDA

⑦b **REGISTERED AGENT NAME CHANGE
AND/OR ADDRESS CHANGE
INCLUDE REGISTERED OFFICE ADDRESS**

⑧ TYPE CORRECTIONS IN SPACE PROVIDED BELOW. STRIKE THROUGH INCORRECT ENTRIES. CORRECTIONS MUST BE LEGIBLE. TITLES MUST BE SHOWN

NAMES OF ALL OFFICERS AND DIRECTORS	STREET ADDRESS	CITY / STATE	TITLES MUST BE SHOWN
CANCY, SANDRA A	761 101st Ave N.	NAPLES, FL	PRES
...	500 ...	NAPLES, FL	SEC
MEACOSTA, DILORES	44 Pincho ...	NAPLES, FL	V.P. TRES
...
WALTON, JOHN B	509 104 Ave N.	NAPLES, FL	DTR
...
MCINNES, JEAN	3403 ...	NAPLES, FL	DTR
...
TR, JOSEPH	635 ...	NAPLES, FL	DTR
...

DO NOT WRITE IN THIS SPACE

FOR DIVISION USE ONLY

I CERTIFY THAT I AM AN OFFICER OF THIS CORPORATION EMPOWERED TO EXECUTE THIS REPORT AS REQUIRED BY CHAPTER 607, FLORIDA STATUTES. I FURTHER CERTIFY THAT I UNDERSTAND MY SIGNATURE ON THIS REPORT SHALL HAVE THE SAME LEGAL EFFECT AS IF MADE UNDER OATH.

SIGNATURE _____

TITLE _____ TEL. NO. 517-...

DATE _____

Miss 6/16/76

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION ANNUAL REPORT
1977

Bruce A. Smathers
Secretary of State
Form COR 620

THIS REPORT MUST BE ACCOMPANIED BY A \$5 FEE
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

APPROVED AND FILED
MAR 30 1 07 PM '77

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office:

790792 EMERGENCY PREGNANCY
SERVICE, INC.
761 101ST AVE NORTH
NAPLES FLORIDA

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address
402 9th St. N.
P.O. Box No.
P.O. Box 3352
City
NAPLES
State
FLA.
Zip Code
33940

3. Date Incorporated or Qualified To Do Business in Florida

09/26/1976

4. Federal Employer Identification Number (FEIN)

5. Date of Last Report

1976

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
CHANCY, SANDRA A	PRES	DIR	761 101 AVE NORTH	NAPLES, FL
SALLY SUCHER			191 HARRISON RD	NAPLES, FL
ALBASTO, DOLORES			1000 HOOKER VILLAGE	NAPLES, FL
DALTON, JOHN B		DIR	509 104 AVE. NORTH	NAPLES, FL
LUCAS, MARILYN		DIR	2201 SHAD CT	NAPLES, FL
MCINNES, JEAN		DIR	2603 SANTIAGO WAY	NAPLES, FL
O'DWYER, REV. DOMINICK		DIR	1045 28TH AVE. N.	NAPLES, FL
BAR, JOSEPH		DIR	635 BIRNIE DR.	NAPLES, FL
BRUNS, DIANE S.		TRST	520 CARIC RD.	NAPLES, FL
ERICKSON, ROSEMARY	PRES		431 LAGOON AVE	NAPLES, FL

7. Registered Agent Information

If you wish to change Registered Agent on this form, enter all new information here

Name
CHANCY, SANDRA A
City, State and Zip Code
NAPLES FLORIDA
Street Address (Do NOT Use P.O. Box Number)
761 101ST AVE NORTH

Name
ERICKSON, ROSEMARY J
City, State and Zip Code
NAPLES, FLA 33940
Street Address (Do NOT Use P.O. Box Number)
431 LAGOON AVE

B. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Typed Name of Signing Officer
ROSEMARY ERICKSON
Title
PRESIDENT
Telephone Number
597-3941
Signature
Rosemary Erickson
Date

THIS REPORT MUST BE ACCOMPANIED BY THE \$5 FEE

corp-32

NP # 730792

OK

EMERGENCY PREGNANCY SERVICE, INC.

New Corporation Reincorporation Amendment (§617.02)

Filed: 9/26/74

By:

CR

AMENDMENT

EMERGENCY PREGENCY SERVICE, INC.

AMENDING ARTICLE X

FILED: August 24, 1977

CHARTER# 730792

730792

KP
8/26/77



Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304

BRUCE A. SMATHERS
SECRETARY OF STATE

August 24, 1977
F. R. RITTER, Director
Division of Corporations
904/488-3140

DAVID C. MACNAMARA
ASSISTANT SECRETARY OF STATE

Phillip A. Erickson
431 La. Goon Avenue
Naples, Fl 33940

SUBJECT: EMERGENCY PREGIANCY SERVICE, INC. - AMENDMENT

DOCUMENT NUMBER: 739792

This will acknowledge receipt of the following:

1. Check(s) totalling \$ 15.00
2. Articles of Incorporation filed
3. Amendments to Articles of Incorporation filed August 24, 1977
4. Articles of Merger or Consolidation filed
5. Certificate of Withdrawal filed
6. Limited Partnership filed
7. Limited Partnership Annual Report filed
8. Trademark Application filed
9. Application for qualification filed _____ . It is no longer required to issue a permit. A certificate under seal to this effect may be obtained for \$5.
10. Reinstatement filed
11. Articles of Dissolution filed
12. OTHER:

ENCLOSED:

1. Certified Copy(ies).
2. Certificate(s) Under Seal.
3. Photocopy(ies).
4. OTHER:

PHILLIP A. ERICKSON OR
ROSEMARY ERICKSON
431 LA GOON AVENUE
NAPLES, FLA. 33940

122

Aug 15 1977

81-222 02
670

PAY TO THE
ORDER OF

Florida Secretary of State \$ 15 ⁰⁰/₁₀₀

Fifteen and ⁰⁰/₁₀₀ DOLLARS

CITIZENS NATIONAL BANK
OF NAPLES OLDE NAPLES BRANCH
NAPLES, FLORIDA 33940
F. M. WALLACE PRESIDENT AND SERVICE, INC.
FOR Payment ARTICLES OF INCORP.

Phillip Erickson

⑆0670⑉0232⑆ ⑆ 635 424 0⑆

Amend

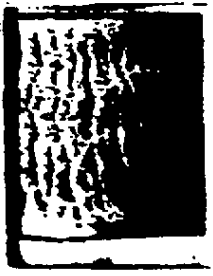


FILED
AUG 24 9 19 AM '77
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PRIVILEGE TAX	
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FILING	15
C. COPY	
R. A. FEE	
P. COPY	
SEARCH	
TOTAL	15
BALANCE DUE	

AUG 1977 9 -108600 ***15.0

BT



sl

HACKNEY, WENTZEL & ERICKSON, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
SUITE D
FLEISCHMANN CENTRAL
1202 THIRD STREET, SOUTH
NAPLES, FLORIDA 33940

FILED
AUG 24 9 19 AM '77
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO Secretary of State of Florida

FROM Philip A. Erickson

August 16

1977

Enclosed are the following:

1. Articles of Amendment to Certificate of Incorporation of Emergency Pregnancy Service, Inc.
2. Minutes of special meeting of membership to amend the Certificate of Incorporation.
3. A copy of the original Articles of Incorporation.
4. A check in the amount of \$15.00 to cover filing fees for Amendment to the Certificate of Incorporation.

Please record this Amendment to Articles of Incorporation and return it to me in the enclosed envelope.

A-12

ARTICLES OF AMENDMENT

TO

CERTIFICATE OF INCORPORATION

OF

EMERGENCY PREGNANCY SERVICE, INC.

FILED

AUG 24 9 19 AM '77

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EMERGENCY PREGNANCY SERVICE, INC., a Florida non-profit corporation, under the hand of the secretary, executed and acknowledged by the President, hereby certifies:

The membership of the said corporation, at a special meeting on Aug. 8, 1977 called for the purpose of amending the Certificate of Incorporation, adopted the following resolution by in excess of two-thirds (2/3) vote of the members:

RESOLVED, that the Certificate of Incorporation be amended to add Article X which reads as follows:

ARTICLE X. NON-PROFIT STATUS

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State, or local government for exclusive public purpose.

Notwithstanding any other provision of these articles, this corporation shall not carry on any

other activities not permitted to be carried on by (a) a corporation exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law or (b) a corporation contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code of 1954 or any other corresponding provision of any future United States Internal Revenue Law.

Alicia J. Brune
SECRETARY

STATE OF FLORIDA
COUNTY OF COLLIER

BEFORE ME personally appeared *Rosemary Erickson* as President, to me well known and known to me to be the person who executed the foregoing instrument and acknowledged to and before me that she executed said instrument in the capacity and for the purpose therein expressed.

Rosemary Erickson
PRESIDENT

WITNESS my hand and official seal, this 12th day of August, 1977.

(SEAL)

Pauline E. Miller
NOTARY PUBLIC

My Commission Expires:
NOTARY PUBLIC, STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES AUG. 12, 1977
BONDED THROUGH MURPHY - MUCKLEBERRY, INC.

MINUTES OF SPECIAL MEETING OF MEMBERSHIP TO

AMEND THE CERTIFICATE OF INCORPORATION

The Membership of EMERGENCY PREGNANCY SERVICE, INC., pursuant to Article IX of the Certificate of Incorporation, on the 1 day of August, 1977, at 431 Lagoon Ave., Naples, Florida, at a special meeting to amend the Certificate of Incorporation, pursuant to the following waiver of notice and call:

All members, either by person or by proxy, being present, with the President presiding and the Secretary being present, having duly waived all notices.

A motion duly made and carried was:

RESOLVED, by in excess of two-thirds (2/3) vote that the Certificate of Incorporation be amended to add Article X. which reads as follows:

ARTICLE X. NON-PROFIT STATUS

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State, or local government for exclusive public purpose.

Notwithstanding any other provision of these articles, this corporation shall not carry on any

other activities not permitted to be carried on by (a) a corporation exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law or (b) a corporation contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code of 1954 or any other corresponding provision of any future United States Internal Revenue Law.

There being no further business, the meeting upon motion duly made, seconded and carried, was adjourned.

Rosemary Erickson
PRESIDENT

Liane D. Bruns
SECRETARY

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



CORPORATION ANNUAL REPORT
1978

Bruce A. Smathers
Secretary of State

FILED
JUN 30 12 12 AM 1978
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE (Form COR 620) 12-1-77

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Officer:

730792 EMERGENCY PREGNANCY SERVICES, INC.
462 9TH ST. N.
P.O. BOX 3352
NAPLES FLORIDA 33940

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address: _____
P.O. Box No. _____
City _____
State _____ Zip Code _____

3. Date Registered as Qualified To-Do Business in Florida: 09/26/1974

4. Federal Employer Identification Number (FEIN): _____

5. Date of Last Report: 1977

6. Name and Street Address of Each Officer and Director:

Name of Officer and Director	Title	Director (X)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
CHANCY, SANDRA A	DIR	X	761 191 AVE NORTH	NAPLES, FL
SUENER, SALLY	V.P.	X	101 HARRISON RD	NAPLES, FL
DAKTON, JOHN B	DIR	X	309 104 AVE. NORTH	NAPLES, FL
LUCAS, MARILYN	DIR	X	220 SHAD ST.	NAPLES, FL
DIDNYER, REV. DOMINICK	DIR	X	1000 25TH AVE. N.	NAPLES, FL
BRUNS, DIANE S.	TRES	X	400 CARLEA RD.	NAPLES, FL
ROSEMARY ERICKSON	PRES	X	431 LAGOON AVE.	NAPLES, FL

7. Registered Agent Information:

Name: ERICKSON, ROSEMARY J. Street Address (Do NOT Use P.O. Box Number): 431 LAGOON AVE.
City, State and Zip Code: NAPLES FLORIDA 33940

If you wish to change Registered Agent on this form, enter all new information here:

Name: _____ Street Address (Do NOT Use P.O. Box Number): _____
City, State and Zip Code: _____

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Title Will Be Accepted. Your Report Will Be Returned if It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 687 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Typed Name of Signing Officer: Rosemary Erickson Title: President Telephone Number: (813) 597-3941

Signature: *Rosemary Erickson* Date: Jan. 14, 1977

NOTE: THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

CORPORATION
ANNUAL REPORT



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1979

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

DO NOT WRITE IN THIS SPACE

1979 11/15/79

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office:

730792
EMERGENCY PREGNANCY SERVICE, INC.
462 9TH ST. N
P.O. BOX 3352
NAPLES FLORIDA 33940

If above address is incorrect in any way, enter the correct address
in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal
Office, P.O. Box Number Alone is NOT Sufficient.

Street Address
P.O. Box No
City
State Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida

9/26/1974

4. Federal Employer
Identification Number
(FEIN)

5471178ED

5. Date of
Last Report

1978

6. Names and Street Addresses of Each Officer and Director:

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
CHANCY, SANDRA A	D	761 101 AVE NORTH	NAPLES, FL
SUCHER, SALLY	E/D	191 HARRISON RD	NAPLES, FL
DALTON, JOHN R	D	509 104 AVE. NORTH	NAPLES, FL
LUCAS, MARYLYN	D	2201 SHAD CT.	NAPLES, FL
O'DWYER, REV. DOMINICK	D	1045 26TH AVE. N.	NAPLES, FL
BRUNS, DIANE S.	T/D	520 CARICA RD.	NAPLES, FL
ANNIE GIBBETH	PRO	2020 1ST ST SW	NAPLES, FL

7. Registered Agent Information

If you wish to change Registered Agent on this
form, enter all new information below.

Name
ERICKSON, ROSEMARY J.
Street Address (Do NOT Use P.O. Box Number)
431 LAFOR. AVE.
City, State and Zip Code
NAPLES FLORIDA 33940

Name
Street Address (Do NOT Use P.O. Box Number)
City, State and Zip Code

8. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute
This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On
This Report Shall Have the Same Legal Effects As if Made Under Oath.

DO NOT WRITE IN THIS SPACE

11/15/79

Typed Name of Signing Officer

Title

Telephone Number


Signature

Date

NOTE: THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

APPROVED

<p>CORPORATION ANNUAL REPORT</p> <p style="text-align: center;">1980</p> <p style="text-align: center;">THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE</p>	 <p>FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS</p>	<p>DO NOT WRITE IN THIS SPACE</p> <p style="text-align: center;">FILED</p> <p style="text-align: center;">MAY 16 9 32 AM 1980</p> <p style="text-align: center;">CORPORATIONS DIVISION TALLAHASSEE, FLORIDA</p>
---	---	--

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

<p>1 Name and Address of Corporation Principal Office:</p> <p>730792 EMERGENCY PREGNANCY SERVICE, INC. 462 9TH ST. N P.O. BOX 3352 NAPLES FLORIDA 33940</p> <p>If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.</p>	<p>2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient</p> <p>Street Address _____</p> <p>P.O. Box No _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p>
---	---

<p>3 Date Incorporated or Qualified To Do Business in Florida</p> <p>9/26/1974</p>	<p>4. Federal Employer Identification Number (FEIN)</p> <p>59-7117180</p>	<p>5. Date of Last Report</p> <p>1979</p>
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6 Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
CHANCY, SANDRA A	D	761 101 AVE NORTH	NAPLES, FL
GRIFFITH, CATHY	P	2620 68 ST. S.W.	NAPLES, FL
DALTON, JOHN H	D	509 104 AVE. NORTH	NAPLES, FL
LUCAS, MARILYN	D	2201 SHAD CT.	NAPLES, FL
CADWYER, REV. DOMINICK	D	1045 28TH AVE. N.	NAPLES, FL
BRUNS, DIANE S.	T/D	520 CARICA RD.	NAPLES, FL

<p>7 Registered Agent Information</p> <p>Name EPICKSON, ROSEMARY J.</p> <p>Street Address (Do NOT use P.O. Box Number) 431 LACON AVE.</p> <p>City, State and Zip Code NAPLES FLORIDA 33940</p>	<p>To change the Registered Agent and/or Registered Office a separate statement signed by the now Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.</p>
--	--

8 See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

<p>Typed Name of Signing Officer</p> <p>George Firestone</p>	<p>Title</p> <p>Sec. - State</p>	<p>Telephone Number</p> <p>917-3211</p>
<p>Signature</p> <p><i>George Firestone</i></p>	<p>Date</p> <p>4-27-80</p>	<p>730792 12-10-11 2 3 11 17.00</p>

DO NOT WRITE IN THIS SPACE
GH 5/16/80

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT <h1 style="text-align: center;">1981</h1> <p style="text-align: center;">THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE</p>	FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS	DO NOT WRITE IN THIS SPACE <h2 style="font-size: 2em;">FILED</h2> AUG 6 3 44 PM '81 SECRETARY OF STATE TALLAHASSEE, FLORIDA
--	---	---

← READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES →
 PLEASE STAPLE CHECK TO ANNUAL REPORT

1 Name and Address of Corporation Principal Office. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> 730792 EMERGENCY PREGNANCY SERVICE, INC. 462 9TH ST. N P.O. BOX 3352 NAPLES FLORIDA 33940 </div> <p style="font-size: 0.8em;">If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.</p>	2 Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient. Street Address P.O. Box No. City State Zip Code
---	--

3 Date Incorporated or Qualified To Do Business in Florida 9/26/1974	4 Federal Employer Identification Number (FEIN) 59-7117180	5 Date of Last Report 1980
---	---	-------------------------------

6 Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
CHANCY, SANDRA A	D	761 101 AVE NORTH	NAPLES, FL
ERICKSON, ROSEMARY	P	431 LAGOON AVE	NAPLES, FL
GRIFFITH, CATHY		2620 68 ST. S.W.	NAPLES, FL
SUCKER, SALLY		191 HARRISON RD	NAPLES, FL
DALTON, JOHN B	D	509 184 AVE. NORTH	NAPLES, FL
GRAHAM, DEBBIE		529 101 AVEN	NAPLES, FL
LUCAS, MARILYN	D	2201 SHAD CT.	NAPLES, FL
POWELL, CHERI		4613 Long Key Ct.	NAPLES, FL
DUNN, REV. DOMINICK	D	1745 28TH AVE. N.	NAPLES, FL
BRUNS, DIANE S.		S/T/0520 CARICA RD.	NAPLES, FL
ERICKSON, Philip	D	431 Lagoon Ave	"
James Powell	D	4613 Long Key Ct	"

7 Registered Agent Information Name ERICKSON, ROSEMARY J. Street Address (Do NOT Use P.O. Box Number) 431 LAGOON AVE. City, State and Zip Code NAPLES FLORIDA 33940	To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3. <i>YJB 8/8</i>
---	---

8 See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Typed Name of Signing Officer DIANE S. BRUNS	Title SEC-TREAS.	Telephone Number 597-3211
Signature <i>Diane S. Bruns</i>		Date 7-2-81

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1982



George F. Houston
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
APR 27 4 22 PM 1982
CORPORATIONS DIVISION
STATE OF FLORIDA

Read Notice and Instructions on Other Side Before Making Filing
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State ORIDA

1. Name and Address of Corporation Principal Office

730792
EMERGENCY PREGNANCY SERVICE, INC.
462 9TH ST. N
P.O. BOX 3352
NAPLES FLORIDA 33940

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address
P.O. Box No.
City
State Zip Code

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

3. Date Incorporated or Qualified to Do Business in Florida: 09/26/1974

4. Federal Employer Identification Number (FEIN): 59-7117180

5. Date of Last Report: 08/06/1981

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
CHANCY, SANDRA A	D	761 101 AVE NORTH	NAPLES, FL
ERICKSON, ROSEMARY	P	431 LAGOON AVE	NAPLES, FL
SUCHER, SALLY	D	191 HARRISON RD	NAPLES, FL
GRAHAM, DEBBIE	D	529 101 AVE N	NAPLES, FL
POWELL, CHERI	D	4613 LONG KEY CT	NAPLES, FL
BRUNS, TYANE S.	S/T	6520 CARICA RD.	NAPLES, FL

Registered Agent Information

7. Name and Address of Current Registered Agent

ERICKSON, ROSEMARY J.
431 LAGOON AVE.
NAPLES FLORIDA 33940

8. Name and Address of New Registered Agent

Name
Street Address (Do NOT Use P.O. Box Number)
City, State and Zip Code

I, Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, hereby certifies that the purpose of changing its registered office or registered agent, or both, in the state of Florida, such change was authorized by resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

See signature restrictions under instructions on reverse side of this form

I hereby certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 P.S. and I hereby certify that I understand my signature on this report shall have the same legal effect as if made under oath.

Signature: Tyane S. Bruns
Date: 4-23-82
Name of Signing Officer: TYANE S. BRUNS
Title: Sec. - TREGS - D
Telephone Number: 597-3211

COR 607 (11-81)

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1983



George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

Apr 28 10 12 AM 1983

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office		2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient	
7307 th E EMERGENCY PREGNANCY SERVICE, INC. 462 9 th ST. N P.O. BOX 3352 NAPLES FLORIDA 33990		Street Address P.O. Box No. City State Zip Code	
If above address is incorrect in any way enter the correct address in Item 2. Include Zip Code.			

3. Date of Incorporation or Qualification to Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
09/26/1974	59-7117140	04/27/1982

6. Name and Street Addresses of Each Officer and Director			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
CHANCY, SANDRA A	D	761 101 AVE NORTH	NAPLES, FL
ERICKSON, ROSEMARY	P	431 LAGOON AVE	NAPLES, FL
SUCHER, SALLY	D	191 HARRISON RD	NAPLES, FL
GRAHAM, DEBBIE	D	529 101 AVE N	NAPLES, FL
POWELL, CHERI	D	4613 LONG KEY CT	NAPLES, FL
BRUNS, DIANE S.	S/T/D	520 CARICA RD.	NAPLES, FL

7. Name and Address of Current Registered Agent		8. Name and Address of Non-Registered Agent	
ERICKSON, ROSEMARY J. 431 LAGOON AVE. NAPLES FLORIDA 33990		Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code	

I, _____, pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned (corporation) organized under the laws of the State of Florida, hereby certify that the purpose of changing its registered officer or registered agent is to _____ in the State of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent change.

See signature restrictions under instructions on reverse side of this form.

I, _____, certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Pursuant to Chapter 607 of the Florida Statutes, and that my Signature on This Report Shall Have the Same Legal Effect as if Made in the State of Florida.

DIANE S. BRUNS
DIANE S. BRUNS, SEC. - TREAS

4-4-83
202-6351

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1984



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

WRITE IN THIS SPACE

RECEIVED
FILED
JUN 29 11 07 AM 1984

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State, Florida

1 Name and Address of Corporation Principal Officer:		2 Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient	
730792 EMERGENCY PREGNANCY SERVICE, INC. 462 9TH ST. N P.O. BOX 3352 NAPLES FLORIDA 33940		Street Address P.O. Box No City State Zip Code	
If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code			

3 Date Incorporated or Qualified To Do Business in Florida	07/26/1974	4 Federal Employer Identification Number (FEIN)	59-7117180	5 Date of Last Report	04/26/1983
--	------------	---	------------	-----------------------	------------

5 Names and Street Addresses of Each Officer and Director, as of December 31, 1983			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1 CHANCY, SANDRA A	D	761 101 AVE NORTH	NAPLES, FL
2 ERICKSON, ROSEMARY	P	431 LAGOON AVE	NAPLES, FL
3 SUCHER, SALLY	D	171 HARRISON RD	NAPLES, FL
4 GRAHAM, DEBBIE	D	529 101 AVE N	NAPLES, FL
5 POWELL, CHERI	D	4613 LONG KEY CT	NAPLES, FL
6 BRUNS, DIANE S.	S/T/D	520 CARICA RD.	NAPLES, FL

7 Registered Agent Information	
7 Name and Address of Current Registered Agent	8 Name and Address of New Registered Agent
ERICKSON, ROSEMARY J. 431 LAGOON AVE. NAPLES FLORIDA 33940	Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10 See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath

Signature <i>Diane S. Bruns</i>	Date 6-20-84
Typed Name of Signing Officer DIANE S. BRUNS	Title Secretary-Treas.
	Telephone Number 262-6381

11 Should you desire a certificate of status check the box below and include an additional \$5.00 with your payment

CERTIFICATE OF STATUS DESIRED
\$5 Additional fee required for certificates.

COR 620 (1-84)

90 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION
ANNUAL REPORT
1985



FLORIDA DEPARTMENT OF STATE
George F. Johnson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1985 SEP 19 11:12 AM

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

<p>1 Name and Address of Corporation Principal Office:</p> <p>730792 EMERGENCY PREGNANCY SERVICE, INC. 462 9TH ST. N P.O. BOX 3352 NAPLES FLORIDA 33940</p> <p>If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.</p>	<p>2 Enter Change of Address of Corporation Principal Office, P.O. Box Number Along with State</p> <p>Street Address 21</p> <p>P.O. Box No. 22</p> <p>City and State 23</p> <p>Zip Code 24</p>
---	--

<p>3 Date Incorporated or Qualified To Do Business in Florida 09/26/1974</p>	<p>4 Federal Employer Identification Number (FEIN) 59-7117380</p>	<p>5 Date of Last Report 06/29/1984</p>
--	---	---

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1984			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City, State and Zip Code
CHANGY, SANDRA A	D	761 101 AVE NORTH	NAPLES, FL
CLAIRE BETHSCHEIDER	P/D	1324 Morningstar Dr	Naples, FL
ERICKSON, ROSEMARY D	D	431 LAGOON AVE	NAPLES, FL
SUCHER, SALLY Judy Katz	D/V	291 HARRISON RD 612 Binnacle Dr.	NAPLES, FL Naples, FL
GRAHAM, DEBBIE	D	529 181 AVE N	NAPLES, FL
KIM DILKERSON	S/D	2575 60 ST. S.W.	Naples, FL
ROWELL, CHERI Kim Aldworth	D/V	4613 LONG KEY CT 1236 13 Ave N.	NAPLES, FL Naples, FL
BRUNS, DIANE S. T/D	T/D	520 CARICA RD.	NAPLES, FL

Registered Agent Information	
7 Name and Address of Current Registered Agent	8 Name and Address of New Registered Agent
<p>ERICKSON, ROSEMARY J. 431 LAGOON AVE. NAPLES FLORIDA 33940</p>	<p>Name 81</p> <p>Street Address (Do NOT Use P.O. Box Number) 82</p> <p>City and State 83</p> <p>Zip Code 84</p>

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of, Section 607.025 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10 See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath (Official signing must be typed in Block 6).

Signature <u>Diane S. Bruns</u>	Date <u>8-8-85</u>
Print Name of Signing Officer <u>DIANE S. BRUNS</u>	Title <u>Treasurer</u> Telephone Number <u>(813) 577-3211</u>

\$5 additional fee required for a Certificate of Status

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1986



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1986 MAR -7 PM 3:25

FLORIDA DEPT. OF STATE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

700792
EMERGENCY PREGNANCY SERVICE, INC.
462 9TH ST. N
P.O. BOX 3352
NAPLES FLORIDA 33940

2 Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3 Date Incorporated or Qualified in Florida 09/26/1974

4 Federal Employer Identification Number (FEIN) 59-7117180

5 Date of Last Report 09/19/1985

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1985

1 Name of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
BETHSCHEIDER, CLAIRE	P/O	1324 MORNINGSIDE DR.	NAPLES, FL
EPICKSON, ROSEMARY D.	D/V	431 LAGOON AVE	NAPLES, FL
KATZ, JUDY	D/V	612 BINNACLA DR.	NAPLES, FL
DICKERSON, KIM	S/O	2575 60TH ST. SW	NAPLES, FL
ALCOURTH, KIM	D/V	1238 13TH AVE.	NAPLES, FL.
BRUNS, DIANE S.	T/O	520 CARICA RD.	NAPLES, FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

EPICKSON, ROSEMARY J.
431 LAGOON AVE.
NAPLES FLORIDA 33940

8 Name and Address of New Registered Agent

Name 81
Street Address (Do NOT Use P.O. Box Number) 82
City and State 83 FL. Zip Code 84

I, the undersigned, the promoters of Sections 607 034 and 607 037 Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this report for the purpose of changing its registered officer or registered agent, or both, in the State of Florida.

The above change was authorized by resolution duly adopted by its board of directors on

(Registered Agent Accepting Appointment)

DATE

\$1.00 additional fee required for Registered Agent changes

See signature restrictions under instructions on reverse side of this form

I, the undersigned, being an Officer or Director, the Secretary or Treasurer, or a duly authorized agent of the Corporation, do hereby certify that I understand my signature on this report shall have the same legal effects as if made under oath.

Diane S. Bruns
DIANE S. BRUNS Treasurer

Date 2-28-86
Filing Number 262-6381

\$5 Additional Fee required for a Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION
ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

JUN 17 10 20 AM '87

Read notice and instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

730792
EMERGENCY PREGNANCY SERVICE, INC.
462 9TH ST. N
P.O. BOX 3352
NAPLES FLORIDA 33940

2 Enter Change of Address of Corporation Principal Office (P.O. Box Number Alone is NOT Sufficient)

Street Address 2' 06/17/87 00057 003

P.O. Box No. 22 ANNUAL REPORT 25.00

City and State 23 TOTAL 25.00

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

3 Date Incorporated or Qualified To Do Business in Florida 09/26/1974

4 Federal Employer Identification Number (FEIN) 99-7117180

5 Date of Last Report 03/07/1986

6 Names and Street Addresses of Each Officer and Director as of December 31, 1986

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
BETHSO-EIDER, CLAIRE	C	1324 MORNINGSIDE DR.	NAPLES, FL
BRUCE, PAT	D/T	632 Broad Ave. S.	Naples, FL
ERICKSON, ROSEMARY D.	D/N	431 LAGOON AVE	NAPLES, FL
BRUNS, LINDA	D	614 107th Ave. N.	NAPLES, FL
KATZ, JUDY	P/D	612 BINNOLA DR.	NAPLES, FL
BILLINGTON, CARIN	D/S	1603 49th Terrace S.W.	NAPLES, FL.
CAVALLA, CARMEL	D	3085 Coco Ave.	NAPLES, FL
SHAUGHNESSY, BETH	D		
SZOT, JOAN	D	630 Fountainhead Way	NAPLES, FL.

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

ERICKSON, ROSEMARY J.
431 LAGOON AVE.
NAPLES FLORIDA 33940

8 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Zip Code 85

FL

I, pursuant to the provisions of Sections 607.004 and 607.007, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submit 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 resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent I am named herein and accept the obligations of Section 607.005.

SIGNATURE _____

(Registered Agent Accepting Appointment)

DATE _____

\$3.00 additional fee required for Registered Agent changes

10 See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. Officer signing must be listed in Block 61.

Signature *Judy Katz*

Typed Name of Signing Officer

JUDY KATZ

Title

PRESIDENT

Date

Telephone Number

335-2333

11 Should you desire a full copy of state laws please check the box

STATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

CR100A (1/86)

730792

Erickson, Hackney, Clark & Briant CHAM

CERTIFIED PUBLIC ACCOUNTANTS

Philip A. Erickson, C.P.A.
Abroad J. Hackney, K.C.P.A.
Steven E. Clark, C.P.A.
Penelope Ann Briant, C.P.A.

Tim A. Combs, C.P.A.
Stacy A. Harshbarger, C.P.A.

400 Holmes Drive
Naples, Florida 33940-0000
(813) 291-0200

John

FILED
DEC 9 9 50 AM '87
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 30, 1987

Annual Reports
Division of Corporation
The Capitol
Tallahassee, Fl 32301

RE: Emergency Pregnancy Service, Incorporated
Identification Number 51-0204833

Dear Sirs:

The correct Federal Employer Identification number for Emergency Pregnancy Service, Inc. P.O. Box 3352, Naples, Fl 33940 is 51-0204833. The Annual Report for 1987, a copy of which is enclosed, was filed with identification number 59-7117180 which is incorrect. Future reports will be filed under identification number 51-0204833. Please adjust your records accordingly.

If you have any questions concerning this matter please do not hesitate to contact me.

Sincerely,
ERICKSON, HACKNEY, CLARK & BRIANT, CHARTERED

Penelope Ann Briant, C.P.A.
Penelope Ann Briant, C.P.A.

Encl:
FAB/rc

12/9

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

DO NOT WRITE IN THIS SPACE

CORPORATION

ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
JIM SMITH
Secretary of State
DIVISION OF CORPORATIONS

Filing Fee of \$25 Required - Make Checks Payable To Secretary of State

Name and Address of Corporation Principal Office

730792
EMERGENCY PREGNANCY SERVICE, INC.
462 9TH ST. N
P.O. BOX 3352
NAPLES FLORIDA 33940

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2, include Zip Code

3. Date incorporated or qualified to do business in Florida

09/26/1974

4. Federal Employer

Identification Number (FEIN) 51-0204833

5. Date of Last Return

06/17/1987

6. Name and Street Address of Each Officer and Director, as of December 31, 1987

1. Name of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
CABALLO, CARNEL	D/UP	4766 DORANDO AVE.	NAPLES, FL
BRUCE, PAT	D/T	632 BORAD AVE S.	NAPLES, FL
BRICKSON, ROSEMARY D.	P/D	431 LAGOON AVZ.	NAPLES, FL
CARTER, JOANN	D	3130 KINGS LAKE BLVD.	NAPLES, FL
KATE, JUDY	D	612 BINNACLA DR.	NAPLES, FL.
SEST, JOAN	D/S	630 FOUNTAINHEAD WAY	NAPLES, FL.

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

BRICKSON, ROSEMARY J.
411 LAGOON AVE.
NAPLES FLORIDA 33940

7. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Zip Code 85

FL

8. Pursuant to the provisions of Sections 607.024 and 607.027, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, submits this form for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.025 F.S.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

9. If a foreign corporation, see first attached business in Florida

See signature restrictions and/or restrictions on inside side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Register or Return Prepared to Execute This Report As Required by Chapter 607 F.S. Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath. (Officer or Director signing must be filed in Block 6.)

Signature

Date

Rosemary J. Brickson

6/17/87

PILB NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

DO NOT WRITE IN THIS SPACE

**CORPORATION
ANNUAL REPORT
1989**



FLORIDA DEPARTMENT OF STATE
Jim Sman
Secretary of State
DIVISION OF CORPORATIONS

NOV 22 1989
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Filing Fee of \$35 Required -- Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office

ZIP + 4

730792 9
EMERGENCY PREGNANCY SERVICE, INC.
462 9TH ST. N
P.O. BOX 3352
NAPLES FLORIDA 33940

If above address is incorrect in any way enter the correct address
in space 2 include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

PO Box for 22

City and State 23

Zip Code 24

Are the Officers and Directors
On Business in Florida

09/26/1974

4 Federal Employer
Identification Number (FEIN)

51-0204833

5 Date of
Last Report

06/15/1988

Names and Street Addresses of Each Officer and Director, as of December 31, 1988

1	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use P.O. Office Box Numbers)	4 City and State
D	CABALLO, CARMEL	4766 DORANDO AVE.	NAPLES, FL
D/T	BRUCE, PAT	632 BORAD AVE S.	NAPLES, FL
P/D	ERICKSON, ROSEMARY D.	431 LAGOON AVE.	NAPLES, FL
D	CARTER, JOANN	3130 KINGS LK. BLVD.	NAPLES, FL
D	KATZ, JUDY	612 BINMACLA DR.	NAPLES, FL
D/S	SZOT, JOAN	630 FOUNTAINHEAD WAY	NAPLES, FL

REGISTERED AGENT INFORMATION

Name and Address of Registered Agent

ERICKSON, ROSEMARY J.
431 LAGOON AVE.
NAPLES FLORIDA 33940

6 Name and Address of New Registered Agent

Name of

Street Address (Do NOT Use P.O. Box Number) 6a

Street Address 3 (Do NOT Use P.O. Box Number) 6b

City and State 6c

FL

Zip Code 6d

For the purpose of Sections 607.014 and 607.017, Florida Statutes, this corporation, which is organized under the laws of the State of Florida, submits this return to the Department of State for the purpose of reporting to the public the names of registered agents of such corporation in the State of Florida. The information was submitted to the Department of State by the officers and directors of this corporation on the date of preparation of registered reports, financial statements, and other information of Section 607.025 F.S.

Signature

(Registered Agent Accepting Appointment)

DATE

Signature of Officer or Director of the Corporation

See instructions on reverse side of this form

My Title: Am An Officer or Director of the Corporation, the Name(s) of Officer(s) is/are: (Check one) This Report is Required by Sections 607.014 & 607.017 of the Florida Statutes. My Signature On This Report Shall Have the Same Legal Effect as if Made by the Officer or Director Whose Name is Signed in Block 6.

Rosemary Erickson

Date: Feb 13, 1989
547-3441

For assistance for
registered agents
contact the
Department of State

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

PD2025-66

CORPORATION
ANNUAL REPORT
1990



DEPARTMENT OF STATE
Office of the
Secretary of State
DIVISION OF CORPORATIONS

Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office: **730792 9**
ZIP + 4 PRESORT
EMERGENCY PREGNANCY SERVICE, INC.
462 9TH ST. N
P.O. BOX 3352
NAPLES FLORIDA 33940-5805

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number always NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21
P.O. Box No. 22
City and State 23
Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: **09/26/1974** 4. FEI Number: **51-0204833** FEI Number Applied For: FEI Number Not Applicable

6. Name and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
D	ROSEMARY ERICKSON	431 LAGOON AVE.	NAPLES, FL
D/T	BRUCE, PAT	632 BORAD AVE S.	NAPLES, FL
P/D	JOY GOEHRING	2585 11TH CIRCLE	NAPLES, FL
D	CARTER, JOANN	3130 KINGS LK. BLVD.	NAPLES, FL
D	SALLY SUCHER	191 HARRISON RD., #3	NAPLES, FL.
D/S	TERRI DICKERSON	4961 30TH PL., SW	NAPLES, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent:
ERICKSON, ROSEMARY J.
431 LAGOON AVE.
NAPLES FLORIDA 339 63

8. Name and Address of New Registered Agent:
Name 81:
Street Address 82 (Do NOT Use P.O. Box Number):
Street Address 83 (Do NOT Use P.O. Box Number):
City and State 84: **FL** Zip Code 85:

I, the undersigned, the president or Secretary of the above named corporation, incorporate under the laws of the State of Florida, submit this statement to the Secretary of State as a registered agent, or both, in the State of Florida. Such appointment was authorized by resolution duly adopted by its board of directors or other authority having the appointment of registered agent. I am familiar with and accept the obligations of Section 607.215 F.S.

SIGNATURE: _____ DATE: _____
(Registered Agent Accepting Appointment)

I hereby certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature and name are the legal effect as if I am an officer or director of the corporation or the holder or trustee or partner in partnership. Chapter 607, F.S.

Signed: *Rosemary Erickson* Date: *July 5, 1990*
Rosemary J. Erickson, Registered Agent

\$5 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
in State
Secretary of State
DIVISION OF CORPORATIONS

INCORPORATED
CORPORATION
TALLAHASSEE
FILED

FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE.

NAME AND MAILING ADDRESS OF CORPORATION
DOCUMENT # 730782 (9)
ZIP + 4 PRESORT
EMERGENCY PREGNANCY SERVICE, INC.
482 9TH ST. N
P.O. BOX 3352
NAPLES FLORIDA 33940-5805

2 If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21	Street Address	420 9th St. N.
22	P.O. Box No.	
23	City and State	
24	Zip Code	

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3 Date Incorporated or Qualified To Do Business in Florida 09/28/1974	4 FEI Number 51-0204833	FEI Number Applied For	5 \$6.75 Additional Fee required for Certificate of Status
		FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED

1 Name and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)			
2	Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
D	ERICKSON, ROSEMARY	431 LAGOON AVE	NAPLES, FL
D/T	BRUCE, PAT	632 BORAD AVE S.	NAPLES, FL
P/D	GOENRING, JOY	2585 11TH CIRCLE	NAPLES, FL
D	CARTER, JOANN	3130 KINGS LK. BLVD.	NAPLES, FL
D	SUCHER, SALLY	191 HARRISON RD #3	NAPLES, FL.
D/S	DICKERSON, TERRI	4961 30TH PL SW	NAPLES, FL

REGISTERED AGENT INFORMATION		8 Name and Address of Now Registered Agent	
7 Name and Address of Current Registered Agent		81 Name	
ERICKSON, ROSEMARY J. 431 LAGOON AVE. NAPLES FLORIDA 33940		82 Street Address 1 (Do NOT Use P.O. Box Number)	
		83 Street Address 2 (Do NOT Use P.O. Box Number)	
		84 City	FL
		85 Zip Code	

I, the undersigned, in the presence of Sections 607.0500 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent to both in the State of Florida. Such change was authorized by the corporation's board of directors except the responsibility as registered agent I am familiar with, and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE: _____ DATE: _____
(Registered Agent Accepting Appointment)

I certify that the information provided on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I were the registered agent of the corporation. I am familiar with the information provided in this report and I accept the obligations of Section 607.0505 Florida Statutes.

Joy Goehring
President
813 263-5072
DATE: 1/24/91

FILING-FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State \$6.75 Additional Fee required for Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1992-4392

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA
FILED

FILING FEE \$61.25 Make Payable To: Secretary of State

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation **DOCUMENT # 730792 (9)**

EMERGENCY PREGNANCY SERVICE, INC.
420 9TH STREET NORTH
P.O. BOX 3352
NAPLES FL 33940-5805

2. If Address in Block 1 is enclosed in any way, the true and correct information and enter the correct address per Block 2. If not, the NAME of the corporation can be only by filing an amendment.

21	Mailing Address	
22	P.O. Box No.	
23	City and State	24 Zip

3. Date Incorporated or Qualified To Do Business in Florida **09/26/1974**

If above is incorrect in any way, line through the incorrect information and enter correct address in Block 2

3a. Date of Last Report 02/21/1991	4. FEI Number 51-0204833	FEI Number Applied For	5. SS
		FEI Number Not Applicable	CERTIFICATE OF STATUS OF

6. Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

1	2	3	4
Officer	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
D/P	ERICKSON, ROSEMARY	431 LAGOON AVE	NAPLES, FL
D/E	BRUCE, PAT LEE, JAN	632 BORAD AVE S. 10210 Windsor Way	NAPLES, FL Naples, FL
D/D	GOHRING, JOY	2585 11TH CIRCLE	NAPLES, FL
D/T	CARTER, JOHNN	3130 KINGS LK. BLVD.	NAPLES, FL
D	SUCHER, SALLY	191 HARRISON RD #3	NAPLES, FL.
D/S	DICKERSON, TERRI	4961 30TH PL SW	NAPLES, FL

REGISTERED AGENT INFORMATION

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

81	Name	
82	Street Address (Do NOT Use P.O. Box Number)	
83	Street Address (Do NOT Use P.O. Box Number)	
84	City	85. State
		FL

9. I certify that the information furnished in this annual report is true and correct and that the registered agent named herein is qualified to act as such agent in the State of Florida. Such information was authorized by the corporation's board of directors and the registered agent named herein is authorized to act as such agent in the State of Florida.

10. I certify that the information furnished in this annual report is true and correct and that the registered agent named herein is qualified to act as such agent in the State of Florida. Such information was authorized by the corporation's board of directors and the registered agent named herein is authorized to act as such agent in the State of Florida.

11. I certify that the information furnished in this annual report is true and correct and that the registered agent named herein is qualified to act as such agent in the State of Florida. Such information was authorized by the corporation's board of directors and the registered agent named herein is authorized to act as such agent in the State of Florida.

SIGNATURE *Rosemary Erickson*

April 23, 1992

File Now. Filing Fee after May 1 is \$225.00

**CORPORATION
ANNUAL REPORT
1993**



DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

1. Name and Mailing Address of Corporation: **DOCUMENT # 730782 (9)**

**EMERGENCY PREGNANCY SERVICE, INC.
420 9TH STREET NORTH
P.O. BOX 3952
NAPLES FL 33940-5805**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/26/1974**
3a. Date of Last Report: **05/04/1992**

4. FEI Number: **610204833**
Applied For:
Not Applied For:

5. Certificate of Status Desired: **\$8.75**

6. Election Campaign Financing and Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$138.75 Supplemental Fee Not Required**

8. This corporation has liability for filing in the month of 1993: Yes No

FILING FEE: **\$200.00**
ANNUAL REPORT: **\$81.25**
CORPORATION SUPPLEMENTAL FEE: **\$138.75**
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address: 2a. Principal Place of Business

21. State, Apt. #, etc. 26. State, Apt. #, etc.

22. City & State 27. City & State

23. Country 28. Zip 29. Country

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. City

84. State: **FL** 85. Zip Code 86. Country

11. I, the undersigned, the president of the corporation, certify that the above-named corporation submits this statement in full compliance with the provisions of Sections 607.05(2) and 607.15(2) of Sections 617.00(2) and 617.15(2), Florida Statutes, 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, and the appropriate filing fee has been paid. I am familiar with and accept the obligations of Sections 607.05(2), Florida Statutes.

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
D/P ERICKSON, ROSEMARY 431 LAGOON AVE NAPLES FL	NAME ADDRESS CITY OF FL		
D LEE, JIM 16810 REDBORN WAY NAPLES FL	NAME ADDRESS CITY OF FL	D/P MOGE, ANN 148 Pebble Beach Blvd NAPLES, FL	
D GOERTZ, JOY 2585 117th CIRCLE NAPLES FL	NAME ADDRESS CITY OF FL		
D/T CARTER, J 3130 KINGS LN. BLVD. NAPLES FL	NAME ADDRESS CITY OF FL	Carter, John	
D BUCHER, SALLY 191 HUNTER RD #3 NAPLES FL	NAME ADDRESS CITY OF FL		
D/S DICKSON, TERRY 4881 30th PL SW NAPLES FL	NAME ADDRESS CITY OF FL	D/S BARNES, LUCIA 240 Limpton Ln. NAPLES, FL	

SIGNATURE: *Rosemary Erickson* 2/15/93
President (813) 541-3441

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Sison
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

24 MAR -8 PM 3:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. Corporation Name
EMERGENCY PREGNANCY SERVICE, INC.

DOCUMENT #
730792 (9)

Mailing Address
**420 9TH STREET NORTH
P.O. BOX 3352
NAPLES FLORIDA 33940**

Principal Place of Business
**420 9TH STREET NORTH
P.O. BOX 3352
NAPLES FLORIDA 33940**

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21 P. O. Box 3352

2a. Principal Place of Business
25 420 9th St., N

22 City & State
23 Naples, FL

24 Zip
33941

25 County
Collier

26 City & State
28 Naples, FL

27 Zip
29 44940

30 County
Collier

3. Date Incorporated or Qualified
09/28/1974

3a. Date of Last Report
02/28/1993

4. FBI Number
51-0204833

5. Certificate of Status Desired
SUBS

6. Eason Company Financing Total Fund Contribution
\$5.00 May Be Added to Fees

7. Nonprofit Exempt from 5138.75 Supplemental Fee

8. This corporation has liability for incorporation fee under S. 199.102 Florida Statutes
 Yes No

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 State
FL

86 Zip Code
33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1502 or Sections 617.0502 and 617.1502, Florida Statutes, the above-named corporation certifies that the information for the purpose of carrying 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 or 617.0502, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

12001	D/P	ERICKSON, ROSEMARY
12002		431 LAGOON AVE
12003		NAPLES FL
12004	D/V/P	ANN HOGE
12005		148 PEBBLE BEACH BLVD
12006		NAPLES FL
12007	D	GOEHRING, JOY
12008		2585 11TH CIRCLE
12009		NAPLES FL
12010	D/T	JOAN CARTER
12011		3130 KINGS LK. BLVD.
12012		NAPLES FL
12013	D	SUCHER, SALLY
12014		191 HARRISON RD #9
12015		NAPLES FL
12016	D/S	LUCIA BARONE
12017		240 LANBTON LN
12018		NAPLES FL

13. CHANGES TO OFFICERS AND DIRECTORS IN 1994

13001	D/P	Goehring, Joy
13002		2585 11th Circle, N
13003		Naples, FL 33940
13004	D/V/P	Barone, Lucia
13005		3011 70th Ave., S
13006		Naples, FL 33969
13007	D	Prericks, Pat
13008		2880 Gulf Shore Blvd., N
13009		Naples, FL 33940
13010	D	Erickson, Rosemary
13011		431 Lagoon Ave.
13012		Naples, FL 33963
13013	D/S	Morash, Dolly
13014		4456 Lakewood Blvd.
13015		Naples, FL 33962

14. I hereby certify that the above information is correct and true to the best of my knowledge and belief and does not conflict with the information filed in Section 119.02(1)(b), Florida Statutes, and that the information is true and correct and that the information has been filed in accordance with the provisions of the Florida Statutes. I am an officer or director of the corporation and I am authorized to sign this certificate. I am a resident of the State of Florida and I am a resident of the State of Florida. I am a resident of the State of Florida and I am a resident of the State of Florida.

SIGNATURE: *Rosemary Erickson*

3-2-94

597-3441

