

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47015

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** PREGNANCY CARE CENTER OF PLANT CITY, INC.

**Current Principal Place of Business:**

304 NORTH COLLINS STREET  
PLANT CITY, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2552  
PLANT CITY, FL 33564

**New Mailing Address:**

**FEI Number:** 59-3139161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALLEGO, MARJORIE A  
304 N. COLLINS STREET  
PLANT CITY, FL 33563 US

**Name and Address of New Registered Agent:**

DAVIS, DARLENE  
304 N. COLLINS STREET  
PLANT CITY, FL 33563 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: DARLENE DAVIS

02/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOWELL, JEFFREY  
Address: 3001 PEMBERTON TRACE  
City-St-Zip: PLANT CITY, FL 33563

Title: VP  
Name: ATHEY, SKIP  
Address: 4112 LONE HAVEN LANE  
City-St-Zip: PLANT CITY, FL 33567

Title: SEC  
Name: DEMAROIS, DENNIS  
Address: 1308 E. CALHOUN ST  
City-St-Zip: PLANT CITY, FL 33563

Title: TREA  
Name: BALLARD, LAUREN  
Address: 1415 PLANTATION CIRCLE, #805  
City-St-Zip: PLANT CITY, FL 33566

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: LAUREN BALLARD

TREA

02/15/2012

Electronic Signature of Signing Officer or Director

Date