

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730792

Entity Name: COMMUNITY PREGANCY CLINICS, INC.

Current Principal Place of Business:

940 FIFTH AVE N
NAPLES, FL 34102

Current Mailing Address:

P.O. BOX 7608
NAPLES, FL 34101

FEI Number: 51-0204833

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEWART, JAMES CJR
9180 GALLERIA COURT
SUITE 700
NAPLES, FL 34109 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DC
Name BARONE, LUCIA
Address 940 FIFTH AVE N
City-State-Zip: NAPLES FL 34102

Title DVC
Name TIMMIS, MICHAEL
Address 940 FIFTH AVE N
City-State-Zip: NAPLES FL 34102

Title D
Name MURPHY, MAUREEN
Address 940 FIFTH AVE N
City-State-Zip: NAPLES FL 34102

Title DS
Name RYON, MICHAEL
Address 940 FIFTH AVE N
City-State-Zip: NAPLES FL 34102

Title D
Name BURKE, CONNIE
Address 940 FIFTH AVE N
City-State-Zip: NAPLES FL 34102

Title DT
Name KROEGER, CHRISTINE
Address 940 5TH AVENUE NORTH
City-State-Zip: NAPLES FL 34102

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: LUCIA BARONE

PRESIDENT

01/16/2013

Electronic Signature of Signing Officer/Director Detail

Date