

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47015

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

**Current Principal Place of Business:**

304 NORTH COLLINS STREET  
PLANT CITY, FL 33563

**Current Mailing Address:**

304 NORTH COLLINS STREET  
PLANT CITY, FL 33563 US

**FEI Number:** 59-3139161

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DAVIS, COLEMAN  
Address 2605 ROBIN DRIVE  
City-State-Zip: PLANT CITY FL 33563

Title VP  
Name MONTELLA, AUDREY  
Address 2714 CHARLESTON DR  
City-State-Zip: PLANT CITY FL 33563

Title SEC  
Name VENNING, KEITH  
Address 2201 PARKVIEW DR  
City-State-Zip: PLANT CITY FL 33563

Title TREA  
Name WESTLAKE, ROBERT  
Address 1902 W. SAM ALLEN RD.  
City-State-Zip: PLANT CITY FL 33565

Title CEO  
Name DAVIS, DARLENE  
Address 191 DUANE PLACE  
City-State-Zip: LAKELAND FL 33815

*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:** DARLENE DAVIS

**DIRECTOR**

**01/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date