

2013 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:

PO BOX 2552
PLANT CITY, FL 33564

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 ATHEY, SKIP
Address 4112 LONE HAVEN LANE
City-State-Zip: PLANT CITY FL 33567

Title SEC
Name ROPER, BOBBIE
Address P.O. BOX 254
City-State-Zip: SYDNEY FL 33587

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

Title DIRECTOR
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

01/09/2013

Electronic Signature of Signing Officer/Director Detail

Date