2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731047

FILED Jan 14, 2005 Secretary of State

Entity Name: EMERGENCY PREGNANCY SERVICES OF JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business: 1555 OAK STREET 1637 KING STREET JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 **Current Mailing Address: New Mailing Address:** 1555 OAK STREET 1637 KING STREET JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 FEI Number: 59-1728087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RILLSTONE, JERE 3628 SHAWNEE SHORES DR. JACKSONVILLE, FL 32225 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete RILLSTONE, JERE RILLSTONE, JERE Name: Name: 1301 RIVERPLACE BLVD. SUITE 1904 Address: 1301 RIVERPLACE BLVD. SUITE 1904 Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207 US Title: Title: (X) Change () Addition () Delete DAVIS, DANIEL Name: DAVIS, DANIEL Name: Address: 10230 MANORVILLE DRIVE Address: 10230 MANORVILLE DRIVE City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: JACKSONVILLE, FL 32221 US Title: () Delete Title: (X) Change () Addition MILLER, MARK MILLER, MARK Name: Name: 6 EAST BAT ST. SUITE 550 1200 RIVERPLACE BLVD SUITE 600 Address: Address: City-St-Zip: JACKSONVILLE, FL 32220 City-St-Zip: JACKSONVILLE, FL 32207 US () Change (X) Addition Title: () Delete Title: D TRAD, BETTY Name: Name: Address: Address: 3627 LEEWOOD LANE City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32204 US Title: () Delete Title: () Change (X) Addition CRONK, PATRICIA Name: Name: 124 DIEGO ISLAND COURT Address: Address: City-St-Zip: City-St-Zip: ST. AUGUSTINE, FL 32095 US Title: () Delete Title: () Change (X) Addition REGISTER, LISA Name: Name: Address: Address: 7446 STONEHURST ROAD NORTH JACKSONVILLE, FL 32277 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JERE RILLSTONE D 01/14/2005