

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 11, 2007
Secretary of State

DOCUMENT# 731047

Entity Name: EMERGENCY PREGNANCY SERVICES OF JACKSONVILLE, INC.**Current Principal Place of Business:**1637 KING STREET
JACKSONVILLE, FL 32204**New Principal Place of Business:****Current Mailing Address:**1637 KING STREET
JACKSONVILLE, FL 32204**New Mailing Address:****FEI Number:** 59-1728078**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**EMERGENCY PREGNANCY SERVICES
1637 KING STREET
JACKSONVILLE, FL 32204 US**Name and Address of New Registered Agent:**

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:**

Title: PRES () Delete
Name: EDGE, AUBREY
Address: 4605 ARLON LANE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VP () Delete
Name: DUGGAN, WYMAN
Address: 4727 LONG BOW ROAD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: DIR () Delete
Name: MILLER, MARK
Address: 1200 RIVERPLACE BLVD SUITE 600
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: SEC () Delete
Name: DUGGAN, SARA
Address: 2104 SHEPARD STREET
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: TRES () Delete
Name: CRONK, PATRICIA
Address: 124 DIEGO ISLAND COURT
City-St-Zip: ST. AUGUSTINE, FL 32095 US

Title: ED () Delete
Name: LOFTIS, TRACIE
Address: 2983 MARSH ELDER DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32226 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DUGGAN, WYMAN
Address: 4727 LONG BOW ROAD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: TRES (X) Change () Addition
Name: CRONK, PATRICIA
Address: 124 DIEGO ISLAND COURT
City-St-Zip: ST. AUGUSTINE, FL 32095 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: EDGE, ELIZABETH
Address: 4605 ARLON ROAD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TRACIE LOFTIS

ED

07/11/2007

Electronic Signature of Signing Officer or Director_____
Date