

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731047

FILED  
Jun 23, 2008  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

EMERGENCY PREGNANCY SERVICES  
1637 KING STREET  
JACKSONVILLE, FL 32204      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

**OFFICERS AND DIRECTORS:**

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

Title: TRES      ( ) Delete  
Name: CRONK, PATRICIA  
Address: 124 DIEGO ISLAND COURT  
City-St-Zip: ST. AUGUSTINE, FL 32095 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: DIR      ( ) Delete  
Name: EDGE, ELIZABETH  
Address: 4605 ARLON ROAD  
City-St-Zip: JACKSONVILLE, FL 32210 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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

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

Title: EX D      (X) Change ( ) Addition  
Name: LOFTIS, TRACIE  
Address: 2983 MARSH ELDER DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32226 US

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 COX LOFTIS

EX D

06/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date