

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 731047

FILED  
Jan 08, 2003  
Secretary of State

**Entity Name:** EMERGENCY PREGNANCY SERVICES OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

1555 OAK STREET  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

1555 OAK STREET  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 59-1728087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RILLSTONE, JERE  
3628 SHAWNEE SHORES DR.  
JACKSONVILLE, FL 32225 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: P/D ( ) Delete  
Name: RILLSTONE, JERE  
Address: 1301 RIVERPLACE BLVD. SUITE 1904  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: DAVIS, DANIEL  
Address: 10230 MANORVILLE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221

Title: D ( ) Delete  
Name: MILLER, MARK  
Address: 6 EAST BAT ST. SUITE 550  
City-St-Zip: JACKSONVILLE, FL 32220

**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:

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

P

01/08/2003

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

\_\_\_\_\_  
Date