

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 03, 2009  
Secretary of State**

DOCUMENT# 737597

Entity Name: BIRTH CONTROL CENTER, INC.

**Current Principal Place of Business:**

4574 E. MICHIGAN ST  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

4574 E. MICHIGAN ST  
ORLANDO, FL 32812

**New Mailing Address:**

FEI Number: 59-1710117      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:**

SOBIESKI, TAMMY  
4574 E. MICHIGAN ST.  
ORLANDO, FL 32812      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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD      ( ) Delete  
Name: SOBIESKI, TAMMY  
Address: 4574 E. MICHIGAN ST  
City-St-Zip: ORLANDO, FL 32812

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

Title: VPD      ( ) Delete  
Name: SOBIESKI, EVERETT  
Address: 4574 E. MICHIGAN ST  
City-St-Zip: ORLANDO, FL 32812

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

Title: DT      ( ) Delete  
Name: SOBIESKI, ALICE  
Address: 4574 E. MICHIGAN ST  
City-St-Zip: ORLANDO, FL 32812

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: EVERETT SOBIESKI

VP

08/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date