

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737597

FILED  
Mar 23, 2010  
Secretary of State

**Entity Name:** BIRTH CONTROL CENTER, INC.

**Current Principal Place of Business:**

4574 E. MICHIGAN ST  
ORLANDO, FL 32812

**New Principal Place of Business:**

10244 E. MICHIGAN ST.  
SUITE 102  
ORLANDO, FL 32817

**Current Mailing Address:**

4574 E. MICHIGAN ST  
ORLANDO, FL 32812

**New Mailing Address:**

10244 E. MICHIGAN ST.  
SUITE 102  
ORLANDO, FL 32817

FEI Number: 59-1710117

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOBIESKI, TAMMY  
4574 E. MICHIGAN ST.  
ORLANDO, FL 32812 US

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

SOBIESKI, TAMMY  
10244 E. COLONIAL DR.  
SUITE 102  
ORLANDO, FL 32817 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:

03/23/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: SOBIESKI, TAMMY  
Address: 10244 E. COLONIAL DR. STE 102  
City-St-Zip: ORLANDO, FL 32817

Title: VPD  
Name: SOBIESKI, EVERETT  
Address: 10244 E. COLONIAL DR. STE 102  
City-St-Zip: ORLANDO, FL 32817

Title: DT  
Name: SOBIESKI, ALICE  
Address: 10244 E. COLONIAL DR. STE 102  
City-St-Zip: ORLANDO, FL 32817

I hereby 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 all other like empowered.

SIGNATURE: EVERETT SOBIESKI

VP

03/23/2010

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

\_\_\_\_\_  
Date