

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000070895

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** PREGNANCY CENTER, LLC

**Current Principal Place of Business:**

537 SE 15TH AVENUE  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

537 SE 15TH AVENUE  
OCALA, FL 34471 US

**New Mailing Address:**

**FEI Number:** 26-1612106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELLISON, DENVER L  
537 SE 15TH AVENUE  
OCALA, FL 34471 US

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

ELLISON, GEORGIA M  
537 SE 15TH AVENUE  
OCALA, FL 34471 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: GEORGIA ELLISON

02/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ELLISON, GEORGIA M  
Address: 537 SE 15TH AVENUE  
City-St-Zip: Ocala, FL 34471 US

Title: MGRM  
Name: ELLISON, DENVER L  
Address: 537 SE 15TH AVENUE  
City-St-Zip: Ocala, FL 34471 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GEORGIA ELLISON

MGRM

02/23/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date