

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000123979

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CORNERSTONE PREGNANCY CENTER, LLC

**Current Principal Place of Business:**

2025 CULVER ROAD  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

2025 CULVER ROAD  
ORLANDO, FL 32817

**New Mailing Address:**

P.O. BOX 677188  
ORLANDO, FL 32867

**FEI Number:** 45-3909853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVENUE, SUITE 1400  
ORLANDO, FL 32801 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PRATT, COLEMAN  
**Address:** 3131 TCU BLVD  
**City-St-Zip:** ORLANDO, FL 32817 US

**Title:** MGRM  
**Name:** CHRISTMAN, JOHN  
**Address:** 3447 E. FORT KING STREET, #209  
**City-St-Zip:** OCALA, FL 34470 US

**Title:** MGRM  
**Name:** FOWLKES, LINDA  
**Address:** 422 TIMBERWOOD TRAIL  
**City-St-Zip:** OVIEDO, FL 32765 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:** COLEMAN PRATT

MGRM

04/30/2012

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