

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 28, 2010
Secretary of State

Entity Name: PREGNANCY SOLUTIONS, INC.

Current Principal Place of Business:

1680 SOUTH TAMIAMI TRAIL, UNIT B
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

1680 SOUTH TAMIAMI TRAIL, UNIT B
VENICE, FL 34293

New Mailing Address:

FEI Number: 65-1085310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEED, LLOYD
1680 SOUTH TAMIAMI TRAIL, UNIT B
VENICE, FL 34293 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: DT
Name: WEED, LLOYD
Address: 1109 UNDERWOOD DRIVE
City-St-Zip: VENICE, FL 34292

Title: DC
Name: JAQUITH, MICHAEL M.D.
Address: 1525 SOUTH TAMIAMI TRAIL
City-St-Zip: VENICE, FL 34293

Title: D
Name: ANGLE, TERRY
Address: 601 PALAMINO CIRCLE
City-St-Zip: NOKOMIS, FL 34275

Title: DS
Name: HOLLOWELL, MARILYN
Address: 628 ARMADA ROAD SOUTH
City-St-Zip: VENICE, FL 34285

Title: D
Name: DOLBY, DWIGHT
Address: 2371 ENGLEWOOD ROAD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: MIHM, SUSAN M.D.
Address: 4678 SILENT CREEK WAY
City-St-Zip: OSPREY, FL 34229

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: LLOYD WEED

TREA

04/28/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date