

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005498

FILED
Apr 26, 2010
Secretary of State

Entity Name: CHOICES PREGANCY CARE CENTER, INC.

Current Principal Place of Business:

1200 W AVON BLVD
STE 202
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 166
AVON PARK, FL 338260166

New Mailing Address:

FEI Number: 42-1574213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABLES, CLIFFORD M III
551 SOUTH COMMERCE AVENUE
SEBRING, FL 338703869 US

Name and Address of New Registered Agent:

TAYLOR, TAYNA Y
1200 W AVON BLVD
STE 202
AVON PARK, FL 33825 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: TAYNA Y TAYLOR

04/26/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: RUSS, DAVID MR.
Address: 307 N. OAK AVE.
City-St-Zip: FORT MEADE, FL 33841

Title: D
Name: GONZALEZ, DANA B MRS.
Address: 1010 US HWY 98 WEST
City-St-Zip: FROSTPROOF, FL 33843

Title: SD
Name: CREWS, SUZANNE MRS.
Address: 6470 LAKE BUFFUM RD. SOUTH
City-St-Zip: FT. MEADE, FL 33841

Title: TD
Name: BROWN, CATHY M MRS
Address: 1889 BUFFUM LAKE TRAIL
City-St-Zip: FT. MEADE, FL 33841

Title: D
Name: DEWITT, CAROL MRS.
Address: 2851 BRIARWOOD LANE
City-St-Zip: SEBRING, FL 33875

Title: D
Name: TAYLOR, TAYNA Y
Address: 1901 US HIGHWAY 27 S
City-St-Zip: SEBRING, FL 33870

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: TAYNA Y TAYLOR

D

04/26/2010

Electronic Signature of Signing Officer or Director

Date