2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007370

FILED Jul 03, 2007 Secretary of State

Entity Name: SARASOTA MEDICAL PREGNANCY CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 1217 S. EAST AVE. #310 SARASOTA, FL 34239 **New Mailing Address: Current Mailing Address:** 1217 S. EAST AVE. #310 SARASOTA, FL 34239 US FEI Number: 05-0533818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PIERCE, JANA T HIEHLE, MARK 1217 S. EAST AVE 1217 S. EAST AVE. SARASOTA, FL 34239 US #310 SARASOTA, FL 34239 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: MARK HIEHLE 07/03/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SCOVILL, EVELYN PEOPLES, BILL Name: Name: 1217 S. EAST AVE., STE. #310 Address: 1217 S. EAST AVE., STE. #310 Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: SARASOTA, FL 34239 Title: () Delete Title: () Change () Addition NOVAK, ELIZABETH Name: Name: Address: 1217 S. EAST AVE., STE, #310 Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: Title: () Delete Title: (X) Change () Addition LANDRY, MICHAEL Name: HUNTLEY, LESLEY Name: 1217 S. EAST AVE., STE. #310 1217 S. EAST AVE., STE. #310 Address: Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: SARASOTA, FL 34239 Title: DΡ () Delete Title: () Change () Addition Name: MURPHY, LILLI ANNE Name: Address: 1217 S. EAST AVE., STE. #310 Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: Title: Title: () Delete () Change () Addition RUTLEDGE, DEBY Name: Name: 1217 S. EAST AVE., STE. #310 Address: Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK HIEHLE EX.D 07/03/2007