

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007370

FILED
Jan 29, 2008
Secretary of State

Entity Name: SARASOTA MEDICAL PREGNANCY CENTER, INC.

Current Principal Place of Business:

1217 S. EAST AVE.
#310
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

1217 S. EAST AVE.
#310
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 05-0533818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HIEHLE, MARK
1217 S. EAST AVE.
#310
SARASOTA, FL 34239 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: D () Delete
Name: PEOPLES, BILL
Address: 1217 S. EAST AVE., STE. #310
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: NOVAK, ELIZABETH
Address: 1217 S. EAST AVE., STE. #310
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: HUNTLEY, LESLEY
Address: 1217 S. EAST AVE., STE. #310
City-St-Zip: SARASOTA, FL 34239

Title: DP () Delete
Name: MURPHY, LILLI ANNE
Address: 1217 S. EAST AVE., STE. #310
City-St-Zip: SARASOTA, FL 34239

Title: VP () Delete
Name: RUTLEDGE, DEBY
Address: 1217 S. EAST AVE., STE. #310
City-St-Zip: SARASOTA, FL 34239

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: KOVACH, JONI
Address: 1217 EAST AVE S., STE 310
City-St-Zip: SARASOTA, FL 34239

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

ED

01/29/2008

Electronic Signature of Signing Officer or Director

Date