## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007370

FILED Jan 29, 2008 Secretary of State

Entity Name: SARASOTA MEDICAL PREGNANCY CENTER, INC.

	ilicipai Flace	of Business:	New Princ	ipal Place of Business:
1217 S. EA	ST AVE.			
#310 SARASOT <i>I</i>	A, FL 34239	US		
Surrent Ma	ailing Addres	s:	New Maili	ng Address:
1217 S. EA	ST AVE.			
<del>4</del> 310	A, FL 34239	US		
El Number:	•		Number Not Appl	licable ( ) Certificate of Status Desired (X)
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:
HIEHLE, M		, , , , , , , , , , , , , , , , , , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1217 S. EA #310				
	4, FL 34239	US		
Γhe above n the State		submits this statement for the purpose	e of changing i	ts registered office or registered agent, or both
SIGNATUR				
	Electror	ic Signature of Registered Agent		Date
OFFICERS	AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTO
Γitle:		Delete	Title:	( ) Change ( ) Addition
Γitle: Name: Address:	PEOPLES, BIL 1217 S. EAST	L AVE., STE. #310	Name: Address:	() Change () Addition
Γitle: Name: Address:	PEOPLES, BIL	L AVE., STE. #310	Name:	()Change()Addition
Fitle: Name: Address: Dity-St-Zip: Fitle:	PEOPLES, BIL 1217 S. EAST / SARASOTA, FL	L AVE., STE. #310 . 34239 ı Delete	Name: Address: City-St-Zip: Title:	( ) Change ( ) Addition ( ) Change ( ) Addition
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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