

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007370

FILED
Feb 23, 2010
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 ()

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:

SMITH, AMANDA
1217 S. EAST AVE.
#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: AMANDA SMITH

02/23/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHR
Name: RUSSELL, DREW
Address: 1217 S. EAST AVE. #310
City-St-Zip: SARASOTA, FL 34239

Title: MBR
Name: VOIGT, LONA
Address: 1217 S. EAST AVE. #310
City-St-Zip: SARASOTA, FL 34239

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

Title: MBR
Name: BEGHTEL, NANCY
Address: 1217 S. EAST AVE. #310
City-St-Zip: SARASOTA, FL 34239

Title: MBR
Name: GUTSCHE, MARK
Address: 1217 S. EAST AVE. #310
City-St-Zip: SARASOTA, FL 34239

Title: SEC
Name: KOVACH, JONI
Address: 1217 EAST AVE S., STE 310
City-St-Zip: SARASOTA, FL 34239

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: AMANDA SMITH

MGR

02/23/2010

Electronic Signature of Signing Officer or Director

Date