

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007370

FILED  
Jan 25, 2011  
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:**

2451 BEE RIDGE RD  
SARASOTA, FL 34239 US

**Current Mailing Address:**

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

**New Mailing Address:**

2451 BEE RIDGE RD  
SARASOTA, FL 34239 US

**FEI Number:** 05-0533818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SMITH, AMANDA  
2451 BEE RIDGE RD  
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:

01/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MBR  
Name: RUSSELL, DREW  
Address: 2451 BEE RIDGE RD  
City-St-Zip: SARASOTA, FL 34239

Title: MBR  
Name: TENGALIA, CHRISTOPHER  
Address: 2451 BEE RIDGE RD  
City-St-Zip: SARASOTA, FL 34239

Title: TRS  
Name: HUNTLEY, LESLEY  
Address: 2451 BEE RIDGE RD  
City-St-Zip: SARASOTA, FL 34239

Title: SEC  
Name: BEGHTEL, NANCY  
Address: 2451 BEE RIDGE RD  
City-St-Zip: SARASOTA, FL 34239

Title: V CH  
Name: GUTSCHE, MARK  
Address: 2451 BEE RIDGE RD  
City-St-Zip: SARASOTA, FL 34239

Title: CHAI  
Name: KOVACH, JONI  
Address: 2451 BEE RIDGE RD  
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

D

01/25/2011

Electronic Signature of Signing Officer or Director

Date