

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007370

FILED
Mar 06, 2012
Secretary of State

Entity Name: SARASOTA MEDICAL PREGNANCY CENTER, INC.

Current Principal Place of Business:

2451 BEE RIDGE RD
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

2451 BEE RIDGE RD
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:

SMITH, AMANDA
2451 BEE RIDGE RD
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: 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: LESLEY HUNTLEY

TRS

03/06/2012

Electronic Signature of Signing Officer or Director

Date