2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008866

FILED Apr 28, 2006 Secretary of State

Entity Name: FLORIDA PREGNANCY CARE NETWORK, INC. **Current Principal Place of Business:** New Principal Place of Business: 3173 BROCKTON WAY 2015 CENTRE POINTE BLVD TALLAHASSEE, FL 323087923 SUITE 103 TALLAHASSEE, FL 32308 **Current Mailing Address:** New Mailing Address: 3173 BROCKTON WAY PO BOX 180218 TALLAHASSEE, FL 323087923 TALLAHASSEE, FL 32318 FEI Number: 20-3707766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMRON, KIERA HAUG, ERIC S 328 ANTON DRIVE 3173 BROCKTON WAY TALLAHASSEE, FL 323087923 US TALLAHASSEE, FL 32312 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: ERIC HAUG 04/28/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ARMSTRONG, RUFUS S GALLAGHER, ROSEMARY Name: Name: 8801 TERRA BELLA WAY Address: 1214 WAVERLY ROAD Address: City-St-Zip: ODESSA, FL 335564765 City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: () Change () Addition Name: CAMRON, KIERA Name: Address: 3173 BROCKTON WAY Address: City-St-Zip: TALLAHASSEE, FL 323087923 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: KUCK, PAUL Name: 3034 HOFFNER AVENUE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32812 Title: () Delete Title: () Change (X) Addition Name: Name: PATRICK, PAULINE Address: Address: 4263 MILLWOOD LANE City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: () Change (X) Addition HAUG, ERIC S Name: Name: 328 ANTON DRIVE Address: Address: TALLAHASSEE, FL 32312 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ERIC HAUG D 04/28/2006