## **2008 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## **DOCUMENT # N19569**

1. Entity Name



Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90060 016 \*\*\*\*61.25

VENICE /	ÅREA PREGNANCY CA	RE CENTER,	INC.									
Principal Plac 301 BAYSHO VENICE, FL	re dr.	Mailing Add 301 BAYS VENICE, F	HORE DR.				i ikeliini k	RA ATOLON POLONY	ERIS GIND IS	er Cistic Giril A	(COS CANTA WINIS	Elfiliri di sant
2. Principal P	lace of Business - No P.O. Box #	3. Mailing A	ddress									
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.				04122008	Chg-N	iP	CR2E	037 (12/06	)
City & State	е	City & S	tate				4. FEI Numb 65-002				J	Applied For Not Applicable
Zip	Country	Zip		Cou	ntry		5. Certificate				\$8.75 A Fee Requ	
·	6. Name and Address of Cur	rent Registered Ag	ent		None		7. Name and	d Address	of New R	Registered	Agent	
	IAN, LORRAINE ICI DRIVE				Name Street A	ddress (f	P.O. Box Numb	per is Not A	Acceptable	e)		
NOKOMIS	, FL 34275			ŀ			<del> </del>					
					City					FI	L Zip C	ode
	named entity submits this stateme ions of registered agent.	ent for the purpose o	f changing its r	registere	ed office or	r register	ed agent, or bo	oth, in the S	State of Fk	orida. I an	n familiar wi	h, and accept
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE:	: Registered	d Agent signati	ure required	when reinstating)			DATE		
		·	(NOTE:	paign Fi	inancing	ure required	\$5.00 May Added to Feet	Be s		fake che	ck payable	
	Signature, typed or printed name of registered	9.	. Election Cam	paign Fi	inancing		\$5.00 May	S	Flor	flake che rida Depa	rtment of	State
10. TITLE	Signature, typed or printed name of registered Filling Fee is \$61.25 Due by May 1, 2008  OFFICERS AN	9, D DIRECTORS	. Election Cam	apaign Fi ontribution 11.	inancing on.		\$5.00 May Added to Feet	S HANGES T	Floa O OFFICE	Make che rida Depa	rtment of	State IN 10
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AN P MAGINNIS, RUTH	9, D DIRECTORS	Election Cam Trust Fund Co	npaign Fi ontribution 11.	inancing on.		\$5.00 May Added to Feet	S HANGES T	Floa O OFFICE	Make che rida Depa	IRECTORS	State IN 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOMOWN HIMAGHAM LORRAINE HERNAGHAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR