2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90372 022 ****61.25

DOCUMENT # N47015

1. Entity Name

PREGNANCY CARE CENTER OF PLANT CITY, INC.

Principal Place of Business	Mailing Address
304 NORTH COLLINS STREET PLANT CITY FL 33566	304 NORTH COLLINS STREET PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3139161 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, STEPHEN T
503 N. PALMER STREET
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILLER, MAXIE 1301 W. TIMBERLINE DR. PLANT CITY FL 33567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1301 E. Timberlane Dr.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WETHERINGTON, KEN 1016 HOLLOWAY ROAD PLANT CITY FL 33567	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHRYVER, BECKY 3610 BRUTON RD. PLANT CITY, FL 33565 ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MALLARE-PIKE, TINA 2604 CLUBHOUSE DR. PLANT CITY FL 33565-7011	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Change ☐ Addition 33567
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GRANGER, DOUGLAS W 201 DORT STREET, STE. A PLANT CITY FL 33566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, STEVE 3358 SILVER MOON DR. PLANT CITY FL 33567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COLEMAN, JOHN 817 RUSSELL DR. PLANT CITY FL 33566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ☒ Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X SIGNATURE REQUIRED STEPHEN MORRIS 4/9/2 813-752-4104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

att# N47015/634727

D GILMARTIN, VINCENT 4712 WESTWIND DR. PLANT CITY FL 33567	☐Change ☒Addition
D HOWE, BETH 4545 GARLAND BRANCH RD. DOVER FL 33527	☐Change ☒Addition
D JONES, LANE 7218 CENTERBROOK DR. LAKELAND FL 33809	☐Change ☒Addition
D LANGFORD, CHERYL 6319 N. FIVE ACRES RD. PLANT CITY FL 33565	☐Change ☒Addition
D TYSON, KARON MCDONALD REALTY 408 W. RENFRO PLANT CITY FL 33566	☐Change ☒Addition
D VINSON, PHIL 4019 MOORES LAKE RD. DOVER FL 33527	☐Change ☒Addition