

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47015

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** PREGNANCY CARE CENTER OF PLANT CITY, INC.

**Current Principal Place of Business:**

304 NORTH COLLINS STREET  
PLANT CITY, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2552  
PLANT CITY, FL 33564

**New Mailing Address:**

FEI Number: 59-3139161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, DARLENE K EXEC. D  
304 N. COLLINS STREET  
PLANT CITY, FL 33563 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: PD  
Name: CORZINE, RENEE  
Address: 1607 S. ALEXANDER ST.  
City-St-Zip: PLANT CITY, FL 33563

Title: VD  
Name: YOUNG, JULIE  
Address: 4808 BOOTH ROAD  
City-St-Zip: PLANT CITY, FL 33565

Title: TD  
Name: BARR, BILL  
Address: 609 N. EVERS STREET  
City-St-Zip: PLANT CITY, FL 33566

Title: SD  
Name: DRISKELL, VICTOR  
Address: 2902 JAMES MELVIN  
City-St-Zip: PLANT CITY, FL 33565

Title: D  
Name: DIGERONIMO, TOM MD  
Address: 3302 W. BAKER ST  
City-St-Zip: PLANT CITY, FL 33563

Title: D  
Name: LONG, CAROLYNG  
Address: 6604 STAFFORD TERRACE AVE.  
City-St-Zip: PLANT CITY, FL 33566

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: DARLENE DAVIS

RA

01/06/2010

Electronic Signature of Signing Officer or Director

Date