

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001915

FILED
May 02, 2008
Secretary of State

Entity Name: PREGNANCY CARE CENTER, INC.

Current Principal Place of Business:

1119 DELAWARE AVE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1119 DELAWARE AVENUE
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0468255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOTIERZO, ANNE C
412 S.E. EDGEWOOD DR
STUART, FL 34996 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LOTIERZO, ANNE
Address: 412 SE EDGEWOOD DR
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: GEORGE, RICHARD REV
Address: 407 S. 33RD ST.
City-St-Zip: FORT PIERCE, FL 34947

Title: D () Delete
Name: EUTENEYER, THOMAS J REV
Address: 4 FAMILY LIFE LANE
City-St-Zip: FRONT ROYAL, VA 22630

Title: T () Delete
Name: HARTLEY, KEITH
Address: 4828 N. KINGS HWY., STE. 125
City-St-Zip: FORT PIERCE, FL 34951

Title: S () Delete
Name: THOMA, JAMES
Address: 3335 SE LA PRADO CT
City-St-Zip: PORT SAINT LUCIE, FL 349526111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: EUTENEYER, THOMAS J REV
Address: 4 FAMILY LIFE LANE
City-St-Zip: FRONT ROYAL, VA 22630

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANNE LOTIERZO

V

05/02/2008

Electronic Signature of Signing Officer or Director

Date