

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001915

FILED
Jan 05, 2011
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 AVE
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0468255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOTIERZO, ANNE C
412 S.E. EDGEWOOD DR
STUART, FL 34996 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: V
Name: LOTIERZO, ANNE C
Address: 412 SE EDGEWOOD DR
City-St-Zip: STUART, FL 34996

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

Title: P
Name: EUTENEUER, THOMAS J REV
Address: 4 FAMILY LIFE LANE
City-St-Zip: FRONT ROYAL, VA 22630

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

Title: D
Name: BOBKO, NOEL
Address: 158 NE ALICE STREET
City-St-Zip: JENSEN BEACH, FL 34957

Title: D
Name: BERRETH, DUANE
Address: 2400 S. OCEAN DRIVE #4133
City-St-Zip: FORT PIERCE, FL 34949 US

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: ANNE LOTIERZO

VP

01/05/2011

Electronic Signature of Signing Officer or Director

Date