

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001342 (3)**

1. Corporation Name

**AAA REPRODUCTIVE CHOICES, INC.**



Principal Place of Business

Mailing Address

**1145 CANDLEWOOD CIR  
PENSACOLA FL 32514**

**PO BOX 30531  
PENSACOLA FL 32503-1531**

3. Date Incorporated or Qualified

**03/20/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21 1275 Greenbrier**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

City & State

City & State

**23 Pensacola FL**

**28**

Zip

Country

Zip

Country

**24 32514**

**25 USA**

**29**

**30**

4. FEI Number

Applied For

**Applied For**

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROLLO, MICHAEL R  
3 W GOVERNMENT ST, 380  
PENSACOLA FL 32501**

81 Name

**Michael P. Conroy**

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

**1275 Greenbrier Blvd**

83

84 City

**Pensacola**

**FL**

85 Zip Code  
**32514**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

**Michael P. Conroy**

**Michael P. Conroy**

**6-20-96**

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Michael Conroy</b>	
STREET ADDRESS	<b>1275 Greenbrier Blvd</b>	
CITY - ST - ZIP	<b>Pensacola FL 32514</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Vicky Conroy</b>	
STREET ADDRESS	<b>1275 Greenbrier</b>	
CITY - ST - ZIP	<b>Pensacola FL 32514</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Eria Conroy</b>	
STREET ADDRESS	<b>1275 Greenbrier</b>	
CITY - ST - ZIP	<b>Pensacola FL 32514</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Michael P. Conroy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-20-96**

Date

**901-471-1061**

Daytime Phone #

CR2E037 (3/96)