

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731047

**Entity Name:** EMERGENCY PREGNANCY SERVICES OF JACKSONVILLE, INC.**FILED**  
**Mar 14, 2013**  
**Secretary of State**  
**CC5001444334****Current Principal Place of Business:**1637 KING STREET  
JACKSONVILLE, FL 32204**Current Mailing Address:**1637 KING STREET  
JACKSONVILLE, FL 32204**FEI Number: 59-1728078****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EMERGENCY PREGNANCY SERVICES  
1637 KING STREET  
JACKSONVILLE, FL 32204 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**Officer/Director Detail :**

Title	PRES
Name	GOOD, GEORGE
Address	3804 MCGIRTS BLVD
City-State-Zip:	JACKSONVILLE FL 32210

Title	VP
Name	MOORE, PETER
Address	4662 LONGBOW ROAD S.
City-State-Zip:	JACKSONVILLE FL 32210

Title	EX D
Name	CRITTENDEN, SUZANNE
Address	1637 KING STREET
City-State-Zip:	JAKSONVILLE FL 32204

Title	TRES
Name	ALLEN, KENNETH A
Address	7014 A. C. SKINNER PKWY SUITE 290
City-State-Zip:	JACKSONVILLE FL 32256

  

Title	SEC
Name	SIGNAIGO, CORA ANNE SISTER
Address	1878 KING STREET
City-State-Zip:	JACKSONVILLE FL 32204

*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: SUZANNE CRITTENDEN****EXECUTIVE DIRECTOR****03/14/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date