2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2014
Secretary of State
CC4204710285

DOCUMENT# N02000005498

Entity Name: CHOICES PREGANCY CARE CENTER, INC.

Current Principal Place of Business:

1200 W AVON BLVD
STE 202
AVON PARK, FL 33825

Current Mailing Address:

P.O. BOX 166
AVON PARK, FL 33826-0166

FEI Number: 42-1574213

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMMONS, BETTY
3214 SPINKS ROAD
SEBRING, FL 33870-4362 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	PD
Name	RUSS, DAVID MR.
Address	307 N. OAK AVE.
City-State-Zip:	FORT MEADE FL 33841

Title	SD
Name	GONZALEZ, DANA B MRS.
Address	1010 US HWY 98 WEST
City-State-Zip:	FROSTPROOF FL 33843

Title	D
Name	BROWN, CATHY MMRS
Address	1889 BUFFUM LAKE TRAIL
City-State-Zip:	FT. MEADE FL 33841

Title	TD
Name	SIMMONS, BETTY
Address	3214 SPINKS RD
City-State-Zip:	SEBRING FL 33870-4362

Title	DIRECTOR
Name	SPIEGEL, PENNY A
Address	1881 LAKEVIEW DRIVE
City-State-Zip:	SEBRING FL 33870

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: CATHY M. BROWN EXECUTIVE DIRECTOR 04/07/2014

Electronic Signature of Signing Officer/Director Detail — Date