2007 FOR PROFIT CORPORATION



	ANNUAL	. KEPUKI		_ BU	iciaiy u	1 Dia	iii		
1. Entity Nam	MENT # P03000005 ERICA MEDICAL CONSUL			01-1	8-2007 90109 04	ə ***150.	00		
Principal Plac 154 LOOKOL OSPREY, FL		Mailing Address 154 LOOKOUT PT. DR OSPREY, FL 34229 US							
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102007 C	chg-P CR2E0	34 (12/06)			
City & State		City & State				No	plied For Applicable		
Zip 	Country	Žip	Country	5. Certificate of Stat	.us Desireo	\$8.75 Add Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Registered	Agent			
901 VENE 357	FRANCES G ESQ TIA BAY BLVD		Street Address	Street Address (P.O. Box Number is Not Acceptable) SUITE 745					
VENICE, F	-L 34285			SARASOTA	FL	FL Zip Code 34236			
SIGNATURE	Signature. Nybed or printed name of registered agen E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig		5.00 May Be ded to Fees	DATE				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS (CHAN	GES TO OFFICERS AND	DIRECTOR	2 (6) 1.1		
TITLE NAME STHEET ADDRESS CITY - ST - ZIP	DR. MASON, JOHN 154 LOOKOUT POINT OSPREY, FL 34229	Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	ADDITIONS/CHAN	GES TO OFFICERS AND	Change	Addition		
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
NAME STREET ADDRESS CITY - ST - ZIP		□ De lete	THLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
indicated	certify that the information supplied wit on this report or supplemental report reporation or the receiver or trustee emp	e true and accurate and that me	v cionatura chall have the	come legal attact so if	made under eath; that I	om an afficer	or dispotor		

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/ 12 07 Date 941 3747660 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR