

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759300

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: EMERGENCY CARE HELP ORGANIZATION, INC.

**Current Principal Place of Business:**

702 WEST MADISON  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

702 WEST MADISON  
TALLAHASSEE, FL 32304

**New Mailing Address:**

FEI Number: 59-2290628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COUNTERMAN, PETER M  
420 EAST PARK AVE  
41  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

COUNTERMAN, PETER M  
163 CONRAD HILLS ROAD  
HAVANA, FL 32333 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:

01/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COUNTERMAN, PETER M  
Address: 420 EAST PARK AVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: P ( ) Delete  
Name: HARRISON, JAMES  
Address: 8891 BIXLER TR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: T ( ) Delete  
Name: GALLAGHER, JOM  
Address: 3089 BAYSHORE DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: S ( ) Delete  
Name: WOOTEN, TERESA  
Address: 750 SILVER MAPLE DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP ( ) Delete  
Name: GASKINS, KEITH  
Address: 6133 BORDERLINE DR  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: COUNTERMAN, PETER M  
Address: 163 CONRAD HILLS RD  
City-St-Zip: HAVANA, FL 32333

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: GALLAGHER, JIM  
Address: 3089 BAYSHORE DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: S (X) Change ( ) Addition  
Name: HALL, TOM  
Address: 1422 STOURHEAD COURT  
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PETER COUNTERMAN

D

01/14/2009

Electronic Signature of Signing Officer or Director

Date