

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759300

FILED
Jan 11, 2012
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 ()

Name and Address of Current Registered Agent:

ARRINGTON, MARTA
702 WEST MADISON STREET
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: CHAPMAN, CATHERINE
Address: P.O. BOX 12500
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP
Name: BARR, RANDY
Address: 1048 WINTER LANE
City-St-Zip: TALLAHASSEE, FL 32311

Title: T
Name: WESTERFIELD, THERESA
Address: 843 CIRCLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

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: MARTA ARRINGTON

ED

01/11/2012

Electronic Signature of Signing Officer or Director

Date