

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90102 038 \*\*\*550.00

**50057513**



07192005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F02000001998</b> 1. Entity Name <b>EMERGENCY CONSULTANTS, INC.</b>					
Principal Place of Business <b>2240 SOUTH AIRPORT ROAD W. TRAVERSE CITY, MI 49684</b>			Mailing Address <b>2240 SOUTH AIRPORT ROAD W. TRAVERSE CITY, MI 49684</b>		
2. Principal Place of Business <b>4075 COPPER RIDGE DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>4075 COPPER RIDGE DRIVE</b> Suite, Apt. #, etc.			
City & State <b>TRAVERSE CITY, MI</b> Zip <b>49684</b> Country <b>USA</b>		City & State <b>TRAVERSE CITY, MI</b> Zip <b>49684</b> Country <b>USA</b>		4. FEI Number <b>38-2079081</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>WILLIAMS, ROBERT M MD</b> <b>2240 SOUTH AIRPORT ROAD W.</b> <b>TRAVERSE CITY, MI 49684</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>WILLIAMS, ROBERT M MD</b> <b>4075 COPPER RIDGE DRIVE</b> <b>TRAVERSE CITY, MI 49684</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>JOHNSON, JAMES M</b> <b>2240 SOUTH AIRPORT ROAD W.</b> <b>TRAVERSE CITY, MI 49684</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>JOHNSON, JAMES M</b> <b>4075 COPPER RIDGE DRIVE</b> <b>TRAVERSE CITY, MI 49684</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HOWELL, RANDY N</b> <b>2240 SOUTH AIRPORT ROAD W.</b> <b>TRAVERSE CITY, MI 49684</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HOWELL, RANDY N</b> <b>4075 COPPER RIDGE DRIVE</b> <b>TRAVERSE CITY, MI 49684</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CALCUTT, HARVEY</b> <b>1214 RANDOLPH</b> <b>TRAVERSE CITY, MI 49684</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.					
SIGNATURE:			Date <b>7/21/05</b> (231)946-8920		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					