


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000001998 1. Entity Name EMERGENCY CONSULTANTS, INC.	
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Principal Place of Business 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684	Mailing Address 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684
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DO NOT WRITE IN THIS SPACE



05052006 No Chg-P CR2E034 (11/05)

4. FEI Number 38-2079081	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C WILLIAMS, ROBERT M MD 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD JOHNSON, JAMES M 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOWELL, RANDY N 4075 COPPER RIDGE DRIVE TRAVERSE CITY, MI 49684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALCUTT, HARVEY 1214 RANDOLPH TRAVERSE CITY, MI 49684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE:  **(231) 946-8970**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #