

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90129 016 \*\*\*150.00

0667519 AB

**DOCUMENT # F02000001998**

1. Entity Name  
**EMERGENCY CONSULTANTS, INC.**



Principal Place of Business  
**2240 SOUTH AIRPORT ROAD W.  
TRAVERSE CITY MI 49684**

Mailing Address  
**2240 SOUTH AIRPORT ROAD W.  
TRAVERSE CITY MI 49684**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-2079081**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 \_\_\_\_\_

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  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, ROBERT M MD</b>	
STREET ADDRESS	<b>2240 SOUTH AIRPORT ROAD W.</b>	
CITY-ST-ZIP	<b>TRAVERSE CITY MI 49684</b>	
TITLE	<b>VCSP</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, JAMES M</b>	
STREET ADDRESS	<b>2240 SOUTH AIRPORT ROAD W.</b>	
CITY-ST-ZIP	<b>TRAVERSE CITY MI 49684</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HOWELL, RANDY N</b>	
STREET ADDRESS	<b>2240 SOUTH AIRPORT ROAD W.</b>	
CITY-ST-ZIP	<b>TRAVERSE CITY MI 49684</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CALCUTT, HARVEY</b>	
STREET ADDRESS	<b>1214 RANDOLPH</b>	
CITY-ST-ZIP	<b>TRAVERSE CITY MI 49684</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOLVANG, ERIC</b>	
STREET ADDRESS	<b>1021 PENINSULA DRIVE</b>	
CITY-ST-ZIP	<b>TRAVERSE CITY MI 49686</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P.S.D. Johnson, James M.</b>	
STREET ADDRESS	<b>2240 S. Airport Rd. W.</b>	
CITY-ST-ZIP	<b>Traverse City, MI 49684</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

**SIGNATURE:** SIGNATURE REQUIRED

**3/31/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)