

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H73230** (5)

1. Corporation Name
ERS CONSULTANTS, INC.

Principal Place of Business
**402 SOUTH CENTRAL AVENUE
OVIEDO FL 32765**

Mailing Address
**402 SOUTH CENTRAL AVENUE
OVIEDO FL 32765**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2689290	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROBINSON, JOHN D., ESQUIRE 200 EAST ROBINSON STREET, SUITE 1020 ORLANDO FL 32801		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		86	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	VP Utilization Management <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARBLE, RONALD D.	1.2 NAME	Lynn Lusardi
STREET ADDRESS	402 SOUTH CENTRAL AVENUE	1.3 STREET ADDRESS	4637 Creekview Lane
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP Human Resources <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, TERRI	2.2 NAME	Ray Tomlinson
STREET ADDRESS	402 SOUTH CENTRAL AVE.	2.3 STREET ADDRESS	2401 Geigel Ave.
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	VP Business Development <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARBLE, KATHLEEN L.	3.2 NAME	Bryan Chaffee
STREET ADDRESS	402 SOUTH CENTRAL AVE.	3.3 STREET ADDRESS	12411 Ashville Drive
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	Tampa, FL 33626
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	VP Sales/Marketing <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENSTEIN, GEOFFREY D	4.2 NAME	Andy Small
STREET ADDRESS	402 SOUTH CENTRAL AVENUE	4.3 STREET ADDRESS	518 Lake Charm Court
CITY-ST-ZIP	OVIEDO FL	4.4 CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LELAND, WAYNE F	5.2 NAME	
STREET ADDRESS	402 SOUTH CENTRAL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)