

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000068388

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** EAGLE RIDGE MEDICAL CENTER CO.

**Current Principal Place of Business:**

1030 CHALET SUZANNE RD.  
LAKE WALES, FL 33859

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 135486  
CLERMONT, FL 347135486 US

**New Mailing Address:**

**FEI Number:** 59-3658619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

EASTHAM, MARGARET MD  
1030 CHALET SUZANNE RD.  
LAKE WALES, FL 33859 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: EASTHAM, MARGARET  
Address: 1030 CHALET SUZANNE  
City-St-Zip: LAKE WALES, FL 33859

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MARGARET E EASTHAM

PST

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date