

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036800

Entity Name: ERM HEALTHCARE, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

120 CHIPOLA AVE.
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

120 CHIPOLA AVE.
DELAND, FL 32720

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTS, SIDNEY W
120 CHIPOLA AVE.
DELAND, FL 32720 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: ESFORMES, MORRIS
Address: 6865 N LINCOLN AVE
City-St-Zip: LINCOLNWOOD, IL 60712

Title: ST/D () Delete
Name: ROBERTS, SIDNEY
Address: 120 CHIPOLA AVE.
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SIDNEY W. ROBERTS

ST/D

04/29/2005

Electronic Signature of Signing Officer or Director

Date