

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111956

FILED
Apr 28, 2004
Secretary of State

Entity Name: E.R. MEDICAL CONSULTANTS CORP.

Current Principal Place of Business:

17275 COLLINS AVENUE
PH1
SUNNY ISLES, FL 33160 US

Current Mailing Address:

17275 COLLINS AVENUE
PH1
SUNNY ISLES, FL 33160 US

New Principal Place of Business:

6016 N.W. 116 PLACE
404
DORAL, FL 33178 US

New Mailing Address:

6016 N.W. 116 PLACE
404
DORAL, FL 33178 US

FEI Number: 20-0291787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ, ELSA
17275 COLLINS AVENUE
PH1
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

RUIZ, ELSA
6016 N.W. 116 PLACE
404
DORAL, FL 33178 US

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: ELSA RUIZ

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUIZ, ELSA
Address: 17275 COLLINS AVENUE, PH1
City-St-Zip: SUNNY ISLES, FL 33160 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RUIZ, ELSA
Address: 6016 NW 116 PLACE, #404
City-St-Zip: DORAL, FL 33178 US

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: ELSA RUIZ

P

04/28/2004

Electronic Signature of Signing Officer or Director

Date