2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P03000111956

Entity Name: E.R. MEDICAL CONSULTANTS CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

15211 SW 150 STREET
MIAMI, FL 33196 US

Current Mailing Address:

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

New Mailing Address:

15211 SW 150 STREET
MIAMI, FL 33196 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
6016 N.W. 116 PLACE
404
DORAL, FL 33178 US

Name and Address of New Registered Agent:

RUIZ, ELSA
15211 SW 150 STREET
MIAMI, FL 33196 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 03/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RUIZ, ELSA
Address: 15211 SW 150 STREET
City-St-Zip: MIAMI, FL 33196 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 03/24/2009
Electronic Signature of Signing Officer or Director Date