

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092162

Entity Name: E R HEALTH ASSOCIATES, INC.

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

1025 SW MARTIN DOWNS BLVD
SUITE 102E
PALM CITY, FL 334990

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 975
PALM CITY, FL 349910975

New Mailing Address:

FEI Number: 20-1309413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, G.R.
1025 SW MARTIN DOWNS BLVD STE 102E
PALM CITY, FL 334990 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: CCEO () Delete
Name: BAKER, G.R.
Address: 1025 SW MARTIN DOWNS BLVD STE 102E
City-St-Zip: PALM CITY, FL 34990

Title: PCOO () Delete
Name: RUSSELL, ED
Address: 1025 SW MARTIN DOWNS BLVD STE 102E
City-St-Zip: PALM CITY, FL 34990

Title: ST () Delete
Name: BELLAS, S.F.
Address: 1025 SW MARTIN DOWNS BLVD STE 102E
City-St-Zip: PALM CITY, FL 34990

Title: C () Delete
Name: STEWART, JAMES L
Address: 1025 SW MARTIN DOWNS BLVD STE 102E
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: SHIRLEY F. BELLAS

TREA

04/17/2008

Electronic Signature of Signing Officer or Director

Date