## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092162

Entity Name: ER HEALTH ASSOCIATES, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1025 SW MARTIN DOWNS BLVD 4421 SW PARKGATE BLVD SUITE 102E PALM CITY, FL 334990

PALM CITY, FL 334990

Current Mailing Address: New Mailing Address:

P.O. BOX 975
PALM CITY, FL 349910975
4421 SW PARKGATE BLVD
PALM CITY, FL 334990

FEI Number: 20-1309413 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BAKER, G.R.

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

RUSSELL, EDWARD J
4421 SW PARKGATE BLVD
PALM CITY, FL 334990 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: EDWARD J. RUSSELL 04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CCEO ( ) Delete Title: CCEO (X) Change ( ) Addition

 Name:
 BAKER, G.R.
 Name:
 RUSSELL, EDWARD J

 Address:
 1025 SW MARTIN DOWNS BLVD STE 102E
 Address:
 4421 SW PARKGATE BLVD

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:
 PALM CITY, FL 34990

Title: PCOO () Delete Title: PCOO (X) Change () Addition

Name: RUSSELL, ED Name: TURMELLE, DWAYNE

Address: 1025 SW MARTIN DOWNS BLVD STE 102E Address: 5 HEIGHTS RD

City-St-Zip: PALM CITY, FL 34990 City-St-Zip: BARRINGTON, NH 03825

Title: ST (X) Delete Title: ( ) Change ( ) Addition

Name: BELLAS, S.F. Name: Address: 1025 SW MARTIN DOWNS BLVD STE 102E Address:

City-St-Zip: PALM CITY, FL 34990 City-St-Zip:

Title: C (X) Delete Title: ( ) Change ( ) Addition

 Name:
 STEWART, JAMES L
 Name:

 Address:
 1025 SW MARTIN DOWNS BLVD STE 102E
 Address:

 City-St-Zip:
 PALM CITY, FL 34990
 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: EDWARD J. RUSSELL CEO 04/29/2009