

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000092162

**Entity Name:** E R HEALTH ASSOCIATES, INC.

**FILED**  
**Sep 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4421 SW PARKGATE BLVD  
PALM CITY, FL 334990

**New Principal Place of Business:**

**Current Mailing Address:**

4421 SW PARKGATE BLVD  
PALM CITY, FL 33499

**New Mailing Address:**

4421 SW PARKGATE BLVD  
PALM CITY, FL 334990

**FEI Number:** 20-1309413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RUSSELL, EDWARD J  
4421 SW PARKGATE BLVD  
PALM CITY, FL 334990 US

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

RUSSELL, EDWARD J  
4421 SW PARKGATE BLVD  
PALM CITY, FL 34990 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

09/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CCEO  
Name: RUSSELL, EDWARD J  
Address: 4421 SW PARKGATE BLVD  
City-St-Zip: PALM CITY, FL 34990

Title: PCOO  
Name: TURMELLE, DWAYNE  
Address: 49 TARA TERRACE  
City-St-Zip: BOURNE, MA 02532, MA 02532

I hereby 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 all other like empowered.

SIGNATURE: EDWARD J. RUSSELL

CCEO

09/30/2010

Electronic Signature of Signing Officer or Director

Date