2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2005
Secretary of State

DOCUMENT# P04000138843

Entity Name: EDUCATIONAL AND REGULATORY HEALTH CARE CONSULTANTS, INCORPORATED

Current Principal Place of Business:

408 N. E. 29TH STREET
WILTON MANORS, FL 33334 US

New Principal Place of Business:

408 NE 29TH STREET
WILTON MANORS, FL 33334 US

Current Mailing Address:

408 N. E. 29TH STREET
WILTON MANORS, FL 33334 US

New Mailing Address:

FEI Number: 20-1717036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUXTON, FRANK CHARLES
408 N. E 29TH STREET
WILTON MANORS, FL 33334 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: BUXTON, FRANK CHARLES
Address: 408 N. E. 29TH STREET
City-St-Zip: WILTON MANORS, FL 33334 US

Title: EXVP ( ) Delete
Name: DOUGHERTY, MICHAEL P
Address: 2111 N. E. 3RD AVENUE
City-St-Zip: WILTON MANORS, FL 33305

Title: VP ( ) Delete
Name: REYNOLDS, TODD V
Address: 2111 N. E. 3RD AVENUE
City-St-Zip: WILTON MANORS, FL 33305

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:

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: FRANK CHARLES BUXTON PRES 07/04/2005

Electronic Signature of Signing Officer or Director Date