# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # P04000138843

1. Entity Name
EDUCATIONAL AND REGULATORY HEALTH CARE CONSULTANTS, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 408 NE 29TH STREET<br>WILTON MANORS, FL 33334 US | 408 N. E. 29TH STREET<br>WILTON MANORS, FL 33334 US |

04232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
20-1717036
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PRES |
| NAME | BUXTON, FRANK CHARLES |
| STREET ADDRESS | 408 N. E. 29TH STREET |
| CITY-ST-ZIP | WILTON MANORS, FL 33334 |
| TITLE | EXVP |
| NAME | DOUGHERTY, MICHAEL P |
| STREET ADDRESS | 2111 N. E. 3RD AVENUE |
| CITY-ST-ZIP | WILTON MANORS, FL 33305 |
| TITLE | VP |
| NAME | REYNOLDS, TODD V |
| STREET ADDRESS | 2111 N. E. 3RD AVENUE |
| CITY-ST-ZIP | WILTON MANORS, FL 33305 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Frank Charles Buxton 4/24/07 9545654485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #