## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000130404

Entity Name: EHDOC GUARANTY CORPORATION

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
1580 SAW SUITE 210	GRASS CORPORATE PARKWAY		
	, JDERDALE, FL 333232869 US		
Current Mailing Address:		New Mailing Address:	
SUITE 210	GRASS CORPORATE PARKWAY ) JDERDALE, FL 333232869		
FEI Number:		FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:
1200 SOU	PORATION SYSTEM TH PINE ISLAND ROAD ION, FL 33324 US		
	named entity submits this statement for the poet of Florida.	urpose of changing its registere	ed office or registered agent, or both,
SIGNATUR	RE:		
	Electronic Signature of Registered Age	nt	Date
Election Car	npaign Financing Trust Fund Contribution ( ).		
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P ( ) Delete BAHR, MORTON 2737DEVONSHIRE PLACE NW #220 WASHINGTON, DC 20008 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete PROTULIS, STEVE 12536 NW 58TH MANOR CORAL SPRINGS, FL 33076 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete ROMERO, EDWARD L 1521 EAGLE RIDGE ROAD NE ALBUQUERQUE, NM 87122 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete GERARD, LEO W FIVE GATEWAY CENTER PITTSBURGH, PA 15222 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete CORDONE, MARIA C 9000 MACHINISTS PLACE UPPER MARLBORO, MD 20772 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete PHILLIPS, SUSAN L 7207 MAPLE AVENUE TAKOMA PARK, MD 20912 US	Title: Name: Address: City-St-Zip:	() Change () Addition

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: MORTON BAHR P 04/22/2009