

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P95000090359

1. Entity Name
EAGLE RIDGE HEALTH CORPORATION



Principal Place of Business
412 CITI CENTRE
WINTER HAVEN, FL 33880 US

Mailing Address
5429 FRUITVILLE ROAD
SARASOTA, FL 34232



03272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0629976

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBRECHT, WILLIAM G
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

0000000287197
04/21/08-80010-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RUSSELL, JON T 6536 MOORINGS POINT CIR., #202 BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUSSEL, MARK A 244 RUBY LAKE LN. WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RUSSELL, KATHERINE V 6536 MOORINGS POINT CIR., #202 BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:

Katherine V. Russell Katherine V. Russell 3/28/08 941-379-0416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #