2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000090359

Entity Name: EAGLE RIDGE HEALTH CORPORATION

6536 MOORINGS POINT CIR., #202

BRADENTON, FL 34202

Address: City-St-Zip: FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
412 CITI C WINTER H	ENTRE HAVEN, FL 33	880 US		
Current Mailing Address:			New Mailing Address:	
	ITVILLE ROAD A, FL 34232)		
FEI Number:	: 65-0629976	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
200 SOUT	CHT, WILLIAM CH ORANGE A CA, FL 34236			
	named entity : e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,
SIGNATU	RE:			
	Electror	ic Signature of Registered Ag	ent	Date
Election Car	npaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RUSSELL, JON	GS POINT CIR., #202	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PD () RUSSEL, MAR 244 RUBY LAK WINTER HAVE	E LN.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	STD () RUSSELL, KAT	Delete HERINE V	Title: (Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: KATHERINE V RUSSELL STD 03/18/2009