

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 18, 2007 08:00 AM
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

DO NOT WRITE IN THIS SPACE



04112007 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**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 VPD
NAME RUSSELL, JON T
STREET ADDRESS 6536 MOORINGS POINT CIR., #202
CITY-ST-ZIP BRADENTON, FL 34202

TITLE PD
NAME RUSSEL, MARK A
STREET ADDRESS 244 RUBY LAKE LN.
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE STD
NAME RUSSELL, KATHERINE V
STREET ADDRESS 6536 MOORINGS POINT CIR., #202
CITY-ST-ZIP BRADENTON, FL 34202

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04/28/07-80011-022 150.00

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 Russell 4/12/07 941-379-0416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #