

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000090359

FILED
Feb 23, 2010
Secretary of State

Entity Name: EAGLE RIDGE HEALTH CORPORATION

Current Principal Place of Business:

412 CITI CENTRE
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

5429 FRUITVILLE ROAD
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 65-0629976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD
Name: RUSSELL, JON T
Address: 6536 MOORINGS POINT CIR., #202
City-St-Zip: BRADENTON, FL 34202

Title: PD
Name: RUSSELL, REBECCA S
Address: 244 RUBY LAKE LN.
City-St-Zip: WINTER HAVEN, FL 33884

Title: STD
Name: RUSSELL, KATHERINE V
Address: 6536 MOORINGS POINT CIR., #202
City-St-Zip: BRADENTON, FL 34202

I hereby 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 all other like empowered.

SIGNATURE: JON T RUSSELL

VPD

02/23/2010

Electronic Signature of Signing Officer or Director

Date