

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759300

Entity Name: EMERGENCY CARE HELP ORGANIZATION, INC.

Current Principal Place of Business:

702 WEST MADISON
TALLAHASSEE, FL 32304

Current Mailing Address:

702 WEST MADISON
TALLAHASSEE, FL 32304

FEI Number: 59-2290628

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARRINGTON, MARTA
702 WEST MADISON STREET
TALLAHASSEE, FL 32304 US

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

Officer/Director Detail :

Title PRESIDENT
Name BARR, RANDY PASTOR
Address 1048 WINTER LANE
City-State-Zip: TALLAHASSEE FL 32311

Title VP
Name ADAMS, NATHAN
Address 1771 CASSAT DR.
City-State-Zip: TALLAHASSEE FL 32317

Title SECRETARY
Name WESTERFIELD, THERESA
Address 843 CIRCLE DRIVE
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER
Name EHLMANN, BARBARA
Address 1066 MERRITT DR.
City-State-Zip: TALLAHASSEE FL 32301

Title EXECUTIVE DIRECTOR
Name ARRINGTON, MARTA
Address 702 WEST MADISON
City-State-Zip: TALLAHASSEE FL 32304

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTA ARRINGTON

EXECUTIVE DIRECTOR

02/11/2013

Electronic Signature of Signing Officer/Director Detail

Date