

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 JAN 26 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094604			
1. Entity Name NATIONAL PARAMEDIC INSTITUTE, INC.			
Principal Place of Business 6787 PORTSIDE DRIVE BOCA RATON, FL 33486		Mailing Address 6787 PORTSIDE DRIVE BOCA RATON, FL 33486	
2. Principal Place of Business 9509 New Waterford Cove		3. Mailing Address 9509 New Waterford Cove	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach FL		City & State Delray Beach FL	
Zip 33445	Country USA	Zip 33446	Country USA
4. FEI Number 56-2292920		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRICK JR., DAVID 119 HAMMOCKS DR GREEN ACRES, FL 33413-2055		7. Name and Address of New Registered Agent Name: <u>Randee S. Schatz</u> Street Address (P.O. Box Number is Not Acceptable): <u>220 Sunrise Ave., #209</u> City: <u>Palm Beach</u> FL Zip Code: <u>33480</u>	
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 <u>Randee Schatz</u>		DATE <u>1-19-05</u>	
NOTE: Registered Agent's signature is required when reinstating.			
FILE NOW!!! PER IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, STEVEN H MD 6787 PORTSIDE DRIVE BOCA RATON, FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, NICOLE 6787 PORTSIDE DRIVE BOCA RATON, FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <u>X</u>		561/302 1158	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	