

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000094604

FILED
Jan 04, 2007
Secretary of State

Entity Name: NATIONAL PARAMEDIC INSTITUTE, INC.

Current Principal Place of Business:

9509 NEW WATERFORD COVE
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

9509 NEW WATERFORD COVE
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 56-2292920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHATZ, RANDEE S
220 SUNRISE AVE
#209
PALM BEACH, FL 33480 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: D () Delete
Name: KATZ, STEVEN H MD
Address: 9509 NEW WATERFORD COVE
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: KATZ, NICOLE
Address: 9509 NEW WATERFORD COVE
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: NICOLE A KATZ

D

01/04/2007

Electronic Signature of Signing Officer or Director

Date