2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 04, 2008
Secretary of State

DOCUMENT# P02000094604

Entity Name: NATIONAL PARAMEDIC INSTITUTE, INC.

Current Principal Place of Business:

9509 NEW WATERFORD COVE
DELRAY BEACH, FL 33446

New Principal Place of Business:

1718 CORPORATE DRIVE
BOYNTON BEACH, FL 33426

Current Mailing Address:

9509 NEW WATERFORD COVE
DELRAY BEACH, FL 33446

New Mailing Address:

1718 CORPORATE DRIVE
BOYNTON BEACH, FL 33426

FEI Number: 56-2292920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition
Name: REDGATE, JAMES
Address: 1718 CORPORATE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information supplied with this filing does not qualify 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 KATZ D 08/04/2008

Electronic Signature of Signing Officer or Director — Date