

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133894

**FILED**  
**Apr 06, 2004**  
**Secretary of State**

**Entity Name:** PARADIGM HEALTH PARTNERS, INC.

**Current Principal Place of Business:**

2039 MISSION DRIVE  
NAPLES, FL 34109

**New Principal Place of Business:**

15544 MONTEROSSO LANE #102  
NAPLES, FL 34110

**Current Mailing Address:**

2039 MISSION DRIVE  
NAPLES, FL 34109

**New Mailing Address:**

15544 MONTEROSSO LANE #102  
NAPLES, FL 34110

**FEI Number:** 43-2006795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FIELDS, JAMES J  
2039 MISSION DRIVE  
NAPLES, FL 34109

**Name and Address of New Registered Agent:**

FIELDS, JAMES J  
15544 MONTEROSSO LANE #102  
NAPLES, FL 34110

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: JAMES J. FIELDS

04/06/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution (X).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KRYSPOWICZ, WILLIAM J  
Address: 205 PRESWICK PARK DRIVE  
City-St-Zip: NEWNAN, GA 30265 US

Title: V ( ) Delete  
Name: FIELDS, JAMES J  
Address: 2039 MISSION DRIVE  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V (X) Change ( ) Addition  
Name: FIELDS, JAMES J  
Address: 15544 MONTEROSSO LANE #102  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES J. FIELDS

V

04/06/2004

Electronic Signature of Signing Officer or Director

Date