

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000001461**

1. Entity Name

PARAMEDICAL SERVICES OF THE SOUTHEAST, INC.

Principal Place of Business

**3990 SHERIDAN ST. SUITE 202
HOLLYWOOD FL 33021**

Mailing Address

**3990 SHERIDAN ST. SUITE 202
HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

4350 OAKES Road**Sam**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

522

City & State

Davie

City & State

Zip

Florida

Country

E

Zip

33314

Country

4. FEI Number

62-1671752

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, A. J**3990 SHERIDAN ST. SUITE 202
HOLLYWOOD FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)

4350 OAKES Road suite 522

City

Davie**FL**

Zip Code

33314

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-22-019. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MITCHELL, A. J
3990 SHERIDAN ST. SUITE 202
HOLLYWOOD FL 33021** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

A J Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-01 954-625-0020**FILED
Apr 12, 2001 8:00 am
Secretary of State**

04-12-2001 90069 016 ***150.00

C0046285

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)