2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N07000008401

Entity Name: PARAMOUNT MOBILE HEALTH SERVICES, INC.

Current Principal Place of Business:

6003 N.W. 201 TERRACE
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

6003 N.W. 201 TERRACE
MIAMI, FL 33015

New Mailing Address:

FEI Number: 26-0797862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KNIGHT, ALMA T
6003 N.W. 201 TERRACE
MIAMI, FL 33015 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: PD ( ) Delete
Name: KNIGHT, ALMA T
Address: 6003 N.W. 201 TERRACE
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: MCCALLA, DAVID
Address: 15484 S.W. 146TH TERRACE
City-St-Zip: MIAMI, FL 33196

Title: D ( ) Delete
Name: DAVIS, STAN
Address: 20133 N.W. 59TH PLACE
City-St-Zip: MIAMI, FL 33015

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition
Name: KNIGHT, ALMA T
Address: 6003 N.W. 201 TERRACE
City-St-Zip: MIAMI, FL 33015

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

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

Title: DVP ( ) Change (X) Addition
Name: MONTFORD, BARBARA A MD
Address: 18020 SW 78 PLACE
City-St-Zip: MIAMI, FL 33157 US

Title: DT ( ) Change (X) Addition
Name: HYPPOLITE, LAQUINTA W RPH
Address: 14310 SW 33RD CT
City-St-Zip: MIRAMAR, FL 33027 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALMA T. KNIGHT, RN, CHN DPS 04/03/2009

Electronic Signature of Signing Officer or Director — Date