2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
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: PDS
Name: KNIGHT, ALMA T
Address: 6003 N.W. 201 TERRACE
City-St-Zip: MIAMI, FL 33015

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

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

Title: TD
Name: BEURY, RUPERT
Address: 5973 NW 201 TERR.
City-St-Zip: MIAMI, FL 33015

I hereby 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 all other like empowered.

SIGNATURE: ALMA T. KNIGHT, RN, CHN PDS 02/18/2011

Electronic Signature of Signing Officer or Director Date