

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001180

FILED
May 21, 2004
Secretary of State

Entity Name: FLORIDA PARAMEDIC ASTHETIC ASSOCIATION INC.

Current Principal Place of Business:

2380 SW 80 CT
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

2380 SW 80 CT
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0901236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRANDA, MARIA PHD
6217 S.W. 15TH STREET
MIAMI, FL 33144 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: P () Delete
Name: MIRANDA, MARIA PHD
Address: 6217 W. 15TH STREET
City-St-Zip: MIAMI, FL 33144

Title: VT () Delete
Name: YOUNCE, DORISDO
Address: 11701 S.W. 107TH TERR
City-St-Zip: MIAMI, FL 33186

Title: S () Delete
Name: QUIROZ, ROXANA
Address: 4657 S.W. 71 AVE
City-St-Zip: MIAMI, FL 33155

Title: V () Delete
Name: REMILLARD, MARIO
Address: 6217 S.W. 15TH ST
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: BATITSA, MERCEDES
Address: 2700 GLADE CR.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: COYATZA, PAULEDO M.D.
Address: 17044 COLLINS AVENUE
City-St-Zip: SUNNY ISLAND, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

SIGNATURE: MARIA MIRANDA

P

05/21/2004

Electronic Signature of Signing Officer or Director

Date