

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001180

FILED
Jun 07, 2006
Secretary of State

Entity Name: FLORIDA PARAMEDIC ASTHETIC ASSOCIATION INC.

Current Principal Place of Business:

6217 SW 15TH ST.
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

6217 SW 15TH ST.
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0901236 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: A () Delete
Name: WARMUTH, DAWN
Address: 6217 SW 15TH STREET
City-St-Zip: MIAMI, FL 33144

Title: S () Delete
Name: GARCIA, JANE
Address: 6217 SW 15TH ST.
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: LEE, ROGELIO
Address: 8055 CORAL WAY
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: JACOBS, MERCY
Address: 6217 SW 15TH ST.
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MIRANDA, MARIA PHD
Address: 6217 W. 15TH ST
City-St-Zip: MIAMI, FL 33144

Title: T (X) Change () Addition
Name: MARTINEZ, ROBERTO
Address: 6217 SW 15TH ST
City-St-Zip: MIAMI, FL 33144

Title: S (X) Change () Addition
Name: FORMOSO, AIDA
Address: 6217 SW 15TH ST.
City-St-Zip: MIAMI, FL 33144

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

Title: V (X) Change () Addition
Name: VASQUEZ, MERCY
Address: 6217 SW 15TH ST.
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA MIRANDA

P

06/07/2006

Electronic Signature of Signing Officer or Director

Date