

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2006 8:00 am
Secretary of State

05-02-2006 90224 022 ***150.00
08-03-2006 90004 039 ***400.00

DOCUMENT # P01000041953

1. Entity Name
PARADIGM PHARMACY SERVICES, INC.



Principal Place of Business

**617 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119**

Mailing Address

**617 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119**

DO NOT WRITE IN THIS SPACE



07282006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3716694	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRANCIS, HANAN
317 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FRANCIS, MAGED 617 PELICAN BAY DR. DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FRANCIS, HANAN 617 PELICAN BAY DR. DAYTONA BEACH, FL 32119
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

ATTACHMENT

50024106

#P01000041953

PARADIGM PHARMACY SERVICES, INC.

**617 Pelican Bay Drive
Daytona Beach, Florida 32119
(386) 299-1231**

July 28, 2006

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

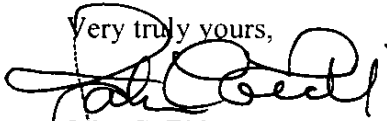
RE: NOTICE OF INTENT TO DISSOLVE-DOC. NO. P-01000041963

Dear Sir/Madam:

This is to advise that we have received the above captioned Notice of Intent to Dissolve the corporation. Our records indicate that the subject annual report was timely filed with accurate information and the appropriate fee paid.

I am enclosing our check in the amount of \$400.00 and annual report form but am respectfully requesting a waiver of the \$400.00 in view of the fact that the report had been filed on time with the fee paid.

Very truly yours,



John C. Eidt
Business Manager

CC. Frank Francis, C.E.O.

Encl: Annual report form
Check No. 2442