

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000041953

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** PARADIGM PHARMACY SERVICES, INC.

**Current Principal Place of Business:**

617 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

617 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

**New Mailing Address:**

**FEI Number:** 59-3716694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPT  
**Name:** FRANCIS, MAGED F  
**Address:** 617 PELICAN BAY DR.  
**City-St-Zip:** DAYTONA BEACH, FL 32119

**Title:** DVS  
**Name:** FRANCIS, HANAN  
**Address:** 617 PELICAN BAY DR.  
**City-St-Zip:** DAYTONA BEACH, FL 32119

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

**SIGNATURE:** MAGED F. FRANCIS

DPT

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date