2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005
Secretary of State

DOCUMENT# P02000066932

Entity Name: SOUTH DADE PARAMEDICAL SERVICES INC.

Current Principal Place of Business:

9011 SW 157 ST.
MIAMI, FL 33157

New Principal Place of Business:

17304 WALKER AVE
107
MIAMI, FL 33157

Current Mailing Address:

9011 SW 157 ST.
MIAMI, FL 33157

New Mailing Address:

17304 WALKER AVE
107
MIAMI, FL 33157

FEI Number: 22-3857784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, ROSA V
9011 SW 157 ST.
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

GONZALEZ, ROSA V
17304 WALKER AVE
107
MIAMI, FL 33157 US

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: ROSA GONZALEZ 06/27/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GONZALEZ, ROSA V
Address: 9011 SW 157 ST.
City-St-Zip: MIAMI, FL 33157

Title: DS ( ) Delete
Name: GONZALEZ, MANUEL A
Address: 9011 SW 157 ST.
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GONZALEZ, ROSA V
Address: 17304 WALKER AVE # 107
City-St-Zip: MIAMI, FL 33157

Title: DS (X) Change ( ) Addition
Name: GONZALEZ, MANUEL A
Address: 17304 WALKER AVE # 107
City-St-Zip: MIAMI, FL 33157

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

SIGNATURE: ROSA GONZALEZ DP 06/27/2005
Electronic Signature of Signing Officer or Director Date