

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0200003142 P02000083142

1. Entity Name

PARA-M ED ACADEMY, INC.

03 OCT -2 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 600 N. Pine Island Road

3. Mailing Address

600 N. Pine Island Road

Suite, Apt. #, etc.

22 360

26 Suite, Apt. #, etc.

360

City & State

23 Plantation FL

27 City & State

Plantation

4. FBI Number

☒ Applied For  
☐ Not Applicable

Zip

24 33324

County

25 Broward

28 Zip

33324

County

Broward

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

REINSTATEMENT 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporate Creations Network Inc.  
941 Fourth Street  
Miami Beach, FL 33139

81

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 FL

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

by D. Stoutt, Assistant Secretary

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May be added to Fees

11. OFFICERS AND DIRECTORS

TITLE D, P ☐ DELETE  
NAME Frank J. Galgano  
STREET ADDRESS 600 N. Pine Island Road  
CITY-ST-ZIP Plantation, FL 33324

TITLE VP ☐ DELETE  
NAME Richard J. Paley  
STREET ADDRESS 600 N. Pine Island Road  
CITY-ST-ZIP Plantation, FL 33324

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

13. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 11 or Block 12, or on attachment with an address.

SIGNATURE

Frank J. Galgano, by Dawn Stoutt as attorney in fact

Date 10/1/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

202


Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: PARA-MED ACADEMY, INC.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By:   
by D. Stoutt as attorney-in-fact

Name: Frank J. Galgano

Title: President

Date: 10/1/03