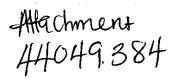
2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 22, 2004 8:00 am Secretary of State 07-22-2004 90006 019 ***150.00 DOCUMENT # P02000094604 NATIONAL PARAMEDIC INSTITUTE, INC. Principal Place of Business Mailing Address 6767 PORTSIDE DRIVE **6767 PORTSIDE DRIVE** 44049384 BOCA RATON, FL 33496 BOCA RATON, FL 33496 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07152004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 56-2292920 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent "DAUTD GARRICK" ROTHENBERG, BRADLEY F ESQ. Street Address (P.O. Box Number is Not Acceptable) 265 SUNRISE AVE STE 204 PALM BEACH, FL: 33480 Hammocks Dr GREEN ACRES FL 334(3-5022 8. The above named entry submits this statement at the purpose of hanging its registered office or registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of Signature, typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Addition Change TITLE TITLE KATZ, STEVEN H MD NAME NAMÉ 6767 PORTSIDE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP Delete ☐ Change ☐ Addition KATZ, NICOLE NAME NAME 6767 PORTSIDE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 12. I hereby certify that the information supplied with this filling does not qualify 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 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 the empowered. SIGNATURE: 12

FILED

Daytime Phone



National Paramedic Institute, Inc. 6767 Portside Drive Boca Raton, FL 33496

July 15, 2004

Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Re:

P02000094604

2004 Annual Registration

Gentlemen,

Enclosed please find the 2004 For Profit Corporation Annual Report. This report was mailed with another report for P98000065214 (SN Katz Enterprises, Inc.) on, or about the 20th of April, 2004. Enclosed with both reports were two individual checks for \$150.00 each. One check for each corporation.

After receiving a notice of Intent to Dissolve, we contacted the State directly and explained our situation. We were advised to submit new reports and send \$150.00 checks with a letter outlining the problem and requesting penalty forgiveness.

Since the original forms were mailed in one envelope, we are mailing the two new reports in separate envelopes. This is also per advice from a field agent. Please process the form, and enclosed check immediately to ensure our corporation is not dissolved.

Thank you, in advance, for your assistance in this matter. We attempt to be good corporate citizens in the State of Florida.

Sincerely,

Steven H. Katz. President

Encl

cc: file