


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90006 019 ***150.00

DOCUMENT # P02000094604 1. Entity Name NATIONAL PARAMEDIC INSTITUTE, INC.					
Principal Place of Business 6767 PORTSIDE DRIVE BOCA RATON, FL 33496			Mailing Address 6767 PORTSIDE DRIVE BOCA RATON, FL 33496		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2292920	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROTHENBERG, BRADLEY F ESQ 265 SUNRISE AVE STE 204 PALM BEACH, FL 33480				Name DAVID GARRICK JR Street Address (P.O. Box Number is Not Acceptable) 119 HAMMOCKS DR City GREENACRES FL Zip Code 33413-2055	
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 <i>David Garrick Jr</i> 7/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (If not, Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, STEVEN H MD 6767 PORTSIDE DRIVE BOCA RATON, FL 33496 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, NICOLE 6767 PORTSIDE DRIVE BOCA RATON, FL 33496 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 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: <i>Steven H Katz</i> 7/15/2004 561 241-7828 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

44049384



07152004 Chg-P CR2E034 (10/03)

Attachment
44049.384

**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