

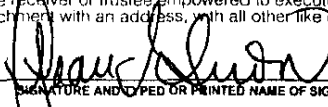


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90166 038 ***150.00

DOCUMENT # P03000008457 1. Entity Name PARA - MED RECORD SERVICES, INC.									
Principal Place of Business 5618 - 34 AVE. NORTH ST. PETERSBURG, FL 33710			Mailing Address 5618 - 34 AVE. NORTH ST. PETERSBURG, FL 33710						
2. Principal Place of Business - No P.O. Box # 6880 - 46 Av N Suite, Apt. #, etc. Ste #210 City & State St. Petersburg FL Zip Country 33709 Pinellas		3. Mailing Address 6880 - 46 Av N Suite, Apt. #, etc. Ste #210 City & State St. Petersburg FL Zip Country 33709 Pinellas		<div style="text-align: center;">4000000000</div>  <div style="display: flex; justify-content: space-between; font-size: small;"> 02052007 Chg-P CR2E034 (12/06) </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FEI Number 90-0062637</td> <td style="padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </td> </tr> </table>		4. FEI Number 90-0062637	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent SNOW, JOAN E 5618 - 34 AVE. NORTH ST. PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name Joan E Snow Street Address (P.O. Box Number is Not Acceptable) 6880 - 46 Av N Ste#210 City St Petersburg FL Zip Code 33709					
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 SNOW, JOAN E 5618 - 34 AVE. NORTH ST. PETERSBURG, FL 33710 33709 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Snow, Joan E 6880-46 Av N #210 <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					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Joan E Snow		4/3/07 Date					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									