
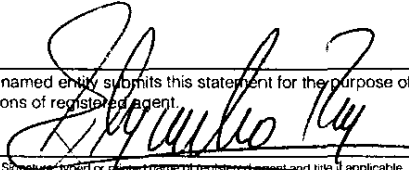
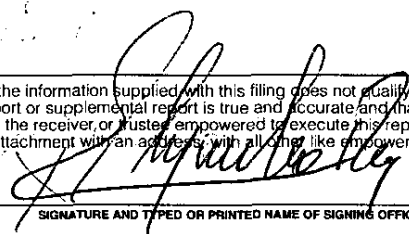


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90015 013 \*\*\*158.75

<b>DOCUMENT # P03000017033</b> 1. Entity Name <b>PARAMOUNT SPORTS MEDICINE, INC.</b>					
Principal Place of Business <b>5109 SW 107 LOOP OCALA, FL 34476</b>			Mailing Address <b>5109 SW 107 LOOP OCALA, FL 34476</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>02-0674877</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MACINTER CORPORATION 5440 NORTH SR 7-STE 218 FT LAUDERDALE, FL 33319</b>				7. Name and Address of New Registered Agent  Name <b>DR ALEJANDRO REY</b> Street Address (P.O. Box Number is Not Acceptable) <b>5109 SW 107 LOOP</b> City <b>OCALA</b> FL <b>34476</b>	
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:  <b>03/01/04</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD LIMONGI, MARIA C 5109 SW 107 LOOP OCALA, FL 34476		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REY, ALEJANDRO 5109 SW 107 LOOP OCALA, FL 34476		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP LORENTE, ROSA M 5109 SW 107 LOOP OCALA, FL 34476		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: 			<b>03/01/04 (352) 291-0710</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					