

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000017033

FILED
Jul 09, 2005
Secretary of State

Entity Name: PARAMOUNT SPORTS MEDICINE, INC.

Current Principal Place of Business:

5109 SW 107 LOOP
OCALA, FL 34476

New Principal Place of Business:

6601 W. HWY.329
REDDICK, FL 32686

Current Mailing Address:

5109 SW 107 LOOP
OCALA, FL 34476

New Mailing Address:

6601 W. HWY.329
REDDICK, FL 32686

FEI Number: 02-0674877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REY, ALEJANDRO MD
5109 SW 107 LOOP
OCALA, FL 34476 US

Name and Address of New Registered Agent:

REY, ALEJANDRO MD
6607 W. HWY.329
REDDICK, FL 32686 US

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.

SIGNATURE:

07/09/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIMONGI, MARIA C
Address: 5109 SW 107 LOOP
City-St-Zip: OCALA, FL 34476

Title: V () Delete
Name: REY, ALEJANDRO
Address: 5109 SW 107 LOOP
City-St-Zip: OCALA, FL 34476

Title: AP () Delete
Name: LORENTE, ROSA M
Address: 5109 SW 107 LOOP
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LIMONGI, MARIA C
Address: 6607 W. HWY.329
City-St-Zip: REDDICK, FL 32686

Title: V (X) Change () Addition
Name: REY, ALEJANDRO
Address: 6607 W. HWY.329
City-St-Zip: REDDICK, FL 32686

Title: AP (X) Change () Addition
Name: LORENTE, ROSA M
Address: 6607 W. HWY.329
City-St-Zip: REDDICK, FL 32686

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO REY

V

07/09/2005

Electronic Signature of Signing Officer or Director

Date