

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000017033

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Entity Name:** PARAMOUNT SPORTS MEDICINE, INC.

**Current Principal Place of Business:**

14433 ROLLING ROCK PLACE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 211718  
ROYAL PALM BEACH, FL 211718 US

**New Mailing Address:**

P.O. BOX 211718  
ROYAL PALM BEACH, FL 33421 US

**FEI Number:** 02-0674877

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REY, ALEJANDRO MD  
14433 ROLLING ROCK PLACE  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** REY, ALEJANDRO  
**Address:** 14433 ROLLING ROCK PLACE  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** V  
**Name:** LORENTE, ROSAMARIA  
**Address:** 14433 ROLLING ROCK PLACE  
**City-St-Zip:** WELLINGTON, FL 33414

I hereby 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 all other like empowered.

**SIGNATURE:** ROSAMARIA LORENTE

V

01/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date