
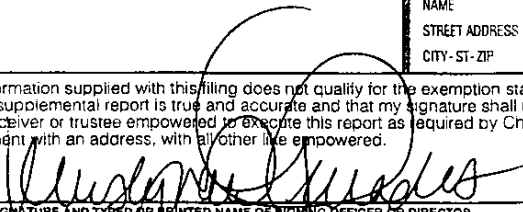


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90327 026 ***150.00

DOCUMENT # P03000079500 1. Entity Name DR. K.D. PARADIS, P.A.																													
Principal Place of Business 605 FRENCH CREEK LAND FORT PIERCE, FL 34982			Mailing Address 605 FRENCH CREEK LAND FORT PIERCE, FL 34982																										
2. Principal Place of Business 605 French Creek Lane Suite, Apt. #, etc.			3. Mailing Address 605 French Creek Lane Suite, Apt. #, etc.																										
City & State		City & State		4. FEI Number 13-4259533																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent FARRELL, RICKEY L ESQ 1595 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PARADIS, KRISTYNA D D.O</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>605 FRENCH CREEK LAND</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT PIERCE, FL 34982</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	PARADIS, KRISTYNA D D.O		STREET ADDRESS	605 FRENCH CREEK LAND		CITY-ST-ZIP	FORT PIERCE, FL 34982		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">605 French Creek Lane</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	605 French Creek Lane	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: 			Date 4.15.05 Daytime Phone # 772 370-1677																										