2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

77& 370 -1677 Daytima Phone #

ANITORS ITEL VIII						secretary of State				
DOCUMENT # P03000079500 1. Entity Name DRK.D. PARADIS, P.A.								0327 026 ***150		
Principal Place of Business Mailing Address					- ; -					
						in eve		50037	リファヒ	
605 FRENCH CREEK LAND 605 FRENCH CREEK								40001	((),	
FORT PIERCE, FL 34982 FORT PIERCE, FL			102						****	
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Principal Place of Business 3. Mailing Address									N2011 150	
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Suite, Apt.		605 French Creek Lane Suite, Apt. #, etc.			ليك					
Suite, Apt.	#, BIG.	Suite, Apr. #, etc.			03172005	Chg-P	CR2E034 (10/03)			
City 9: Ctat		City & State			4 FFI Nombre			pplied For		
City & State		City & State			4. FEI Number 13-4259	E22				
		7:-				13-4259	233		ot Applicable	
Zip	Country	Zip	Country			5. Certificate o	f Status Desired	\$8.75 Ad		
								Fee Require		
	6. Name and Address of Current	Registered Agent			_=	7. Name and A	ddress of New Re	egistered Agent		
	710145V4 500			Name						
FARRELL, RICKEY L ESQ				Street Address (P.O. Box Number is Not Acceptable)						
1595 SE P		Street Address (F.O. Box Number is Not Acceptable)								
PORISI	LUCIE, FL 34952									
•							*	 		
}				City				FL Zip Cod	ei	
9. The phone period entity of hearts this section is the section of the section o										
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										
Signature, typed or printed name of registered agent and trille if applicable. (NOTE: Registered Agent signature required when reinstating).										
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. — Added to Fees										
After Ma	ay 1, 2005 Fee will be \$550.0	00 1 · Trust Fund Contr	ibution.	٠ ـــ ٠	· Adde	ed to rees			ļ	
10.	10. OFFICERS AND DIRECTORS				 ,	ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	IS (N 11	
TITLE								⊠ Cnange	Addition	
NAME	PARADIS, KRISTYNA D D.O	E Delete	TITL	_				Change		
STREET ADDRESS	605 FRENCH CREEK LAND			EET ADDRESS	600	5 Franc	h Creek	Lane		
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NAME		LJ Deiele	NAM	I .				Grange	T Wantion	
STREET ADDRESS			H	EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZEP					i	
			-							
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NAME			NAM	· I						
STREET ADDRESS				EET ADDRESS						
City-ST-ZIP	1	-/	νт	Y-ST-ZIP						
12. I hereby	certify that the information supplied with	this filling does not qualify for	the exe	emption state	d in Se	ction 119.07(3)(i)	, Florida Statutes. I	further certify that the	information	
of the co	d on this report or supplemental report is reportal report is reportation or the receiver or trustee emp , or on an attachman grith an address,	owered to execute this report	as jequ	ired by Chap	ter 607	, Florida Statutes	; and that my name	e appears in Block 10	or Block 11 if	
t changed	, or on an attachment with an address,	with alyother life empowered.	1							