

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

|                                                                            |                                                                                   |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000079500</b><br>1. Entity Name<br>DR. K.D. PARADIS, P.A. |  |
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|                                                                               |                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br>605 FRENCH CREEK LANE<br>FORT PIERCE, FL 34982 | Mailing Address<br>605 FRENCH CREEK LANE<br>FORT PIERCE, FL 34982 |
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02072008 No Chg-P CR2E034 (11/05)

|                                                           |                                   |
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| 4. FEI Number<br>13-4259533                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

|                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>FARRELL, RICKEY L ESQ<br>1595 SE PORT ST LUCIE BLVD<br>PORT ST LUCIE, FL 34952 |
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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 \_\_\_\_\_

|                                                                               |                                                                                                                            |
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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                       |                                                                                |
|--------------------------------------------------|--------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>PARADIS, KRISTYNA D D.O<br>605 FRENCH CREEK LANE<br>FORT PIERCE, FL 34982 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                |

|                                            |
|--------------------------------------------|
| U000000908232<br>05/06/08-80063-005 150.00 |
| <b>DO NOT WRITE<br/>IN THIS SPACE</b>      |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 registrar 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:** \_\_\_\_\_ **4.16.08.** \_\_\_\_\_  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #