

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079500

Entity Name: DR. K.D. PARADIS, P.A.

FILED
Mar 05, 2009
Secretary of State

Current Principal Place of Business:

605 FRENCH CREEK LANE
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

605 FRENCH CREEK LANE
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 13-4259533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRELL, RICKEY L ESQ
1595 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

PARADIS, KRISTYNA
605 FRENCH CREEK LANE
FORT PIERCE, FL 34982 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: KRISTYNA PARADIS

03/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARADIS, KRISTYNA D D.O
Address: 605 FRENCH CREEK LANE
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KRISTYNA PARADIS

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date