2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# P03000105306

Entity Name: PARAMEDICAL ASSOCIATES,INC.

Current Principal Place of Business:

PO BOX 617008
ORLANDO, FL 32861

New Principal Place of Business:

Current Mailing Address:

PO BOX 617008
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 81-0633506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERDEGUER DE LEON, PEDRO(SASO)
9943 SPRING LAKE DR
CLERMONT, FL 34711

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: VELAZQUEZ, WINNIE N
Address: PO BOX 617008
City-St-Zip: ORLANDO, FL 32861

Title: S ( ) Delete
Name: BERDEGUER DE LEON, PEDRO(SASO) F
Address: PO BOX 617008
City-St-Zip: ORLANDO, FL 32861

Title: P ( ) Delete
Name: BERDEGUER, MARANJELLY
Address: 157 SONNY SIDE DR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VELAZQUEZ, WINNIE N
Address: PO BOX 617008
City-St-Zip: ORLANDO, FL 32861

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

Title: VP (X) Change ( ) Addition
Name: BERDEGUER, MARANJELLY
Address: 157 SONNY SIDE DR
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WINNIE N. VELAZQUEZ P 04/12/2004

Electronic Signature of Signing Officer or Director — Date