

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000105306

Entity Name: PARAMEDICAL ASSOCIATES,INC.

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 617008
ORLANDO, FL 32861

New Principal Place of Business:

PO BOX 1097
MINNEOLA, FL 34755

Current Mailing Address:

PO BOX 617008
ORLANDO, FL 32861

New Mailing Address:

PO BOX 1097
MINNEOLA, FL 34755

FEI Number: 81-0633506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

VELAZQUEZ, WINNIE N
9943 SPRING LAKE DR
CLERMONT, FL 34711 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: WINNIE N. VELAZQUEZ

01/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () 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: VP () 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 P
Address: PO BOX 1097
City-St-Zip: MINNEOLA, FL 34755

Title: S (X) Change () Addition
Name: BERDEGUER DE LEON, PEDRO(SASO) F S
Address: PO BOX 1097
City-St-Zip: MINNEOLA, FL 34755

Title: VP (X) Change () Addition
Name: BERDEGUER, MARANJELLY VP
Address: PO BOX 1097
City-St-Zip: MINNEOLA, FL 34755

I hereby certify that the information supplied with this filing does not qualify for the 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: PEDRO(SASO) BERDEGUER-DE LEON

S

01/05/2006

Electronic Signature of Signing Officer or Director

Date