

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105306

Entity Name: PARAMEDICAL ASSOCIATES,INC.

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 1097
MINNEOLA, FL 34755

New Principal Place of Business:

9943 SPRING LAKE DR
CLERMONT, FL 34711

Current Mailing Address:

PO BOX 1097
MINNEOLA, FL 34755

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:

VELAZQUEZ, WINNIE N
9943 SPRING LAKE DR
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

BERDEGUER, PEDRO F MD
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: PEDRO BERDEGUER, MD

04/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VELAZQUEZ, WINNIE N P
Address: PO BOX 1097
City-St-Zip: MINNEOLA, FL 34755

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: BERDEGUER, MARANJELLY
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 BERDEGUER, MD

S

04/12/2007

Electronic Signature of Signing Officer or Director

Date