

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105306

Entity Name: PARAMEDICAL ASSOCIATES,INC.

FILED  
Apr 25, 2008  
Secretary of State

## Current Principal Place of Business:

9943 SPRING LAKE DR  
CLERMONT, FL 34711

## New Principal Place of Business:

## 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:

BERDEGUER, PEDRO F MD  
9943 SPRING LAKE DR  
CLERMONT, FL 34711 US

## 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: VP ( ) Delete  
Name: VELAZQUEZ, WILNA N  
Address: PO BOX 1097  
City-St-Zip: MINNEOLA, FL 34755

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PEDRO F BERDEGUER, MD

S T

04/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date