2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTE

IE OF SIGNING OFFICER OR DIRECTOR

Apr 16, 2004 8:00 am Secretary of State **DOCUMENT # P03000129955** 04-16-2004 90094 013 ***150 00 1. Entity Name ABC PARAMEDICAL SERVICES, INC. Principal Place of Business Mailing Address 6150 COUNTRY FAIR CIRCLE 6150 COUNTRY FAIR CIRCLE 44029248 BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312004 Chq-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 20-Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jath Rine SPIEGEL & UTRERA; P.A .- -1840 SOUTHWEST, 22 STREET, 4TH FLOOR MIAMI, FL 331453 each 8: The above named enury he obligations of registered agent. he above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 2/00 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST Detete TITLE ☐ Change ☐ Addition ZIROS KATHERINE NAME NAME 6150 COUNTRY FAIR CIRCLE STREET ADDRESS STREET ADDRESS BOYNTÔN BEACH, FL 33437 C/TY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

FILED