2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2005 08:00 AM Secretary of State **DOCUMENT # P03000129955** 1. Entity Name ABC PARAMEDICAL SERVICES, INC. Mailing Address Principal Place of Business 6150 COUNTRY FAIR CIRCLE 6150 COUNTRY FAIR CIRCLE BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 04102005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0455093 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 5. Name and Address of Current Registered Agent ZIROS, KATHERINE DO NOT WRITE 6150 COUNTRY FAIR CIR. **BOYNTON BEACH, FL 33437** IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. DPST MLE ZIROS, KATHERINE NAME STREET ADDRESS 6150 COUNTRY FAIR CIRCLE CITY-ST-ZIP BOYNTON BEACH, FL 33437 000000309377 04/16/05-80036-001 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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: Platherne zuro

CITY-ST-ZIP

4/9/05