

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148914

Entity Name: HOME PARAMEDICS, INC.

FILED  
Apr 11, 2012  
Secretary of State

**Current Principal Place of Business:**

4056 MUSTANG ROAD  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

4056 MUSTANG ROAD  
MIDDLEBURG, FL 32068

**New Mailing Address:**

FEI Number: 20-0497704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WATFORD, CHRISTOPHER F  
4056 MUSTANG ROAD  
MIDDLEBURG, FL 32068 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WATFORD, CHRISTOPHER F  
Address: 4056 MUSTANG ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: S  
Name: MACOMBER, ROBERT R  
Address: 4056 MUSTANG ROAD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: S  
Name: MACOMBER, TODD JR  
Address: 371 FOXTAIL AVE.  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby 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 all other like empowered.

SIGNATURE: CHRIS WATFORD

P

04/11/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date