

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

03-27-2006 90241 046 ***150.00

DOCUMENT # P05000061476

1. Entity Name
**PARAMOUNT MEDICAL PROPERTY MANAGEMENT
SERVICES, INC.**



Principal Place of Business Mailing Address
**3801 PGA BOULEVARD
SUITE 600
PALM BEACH GARDENS, FL 33410 US**

00010672



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

03232006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2753338 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REGSERV CORP.
3801 PGA BOULEVARD
SUITE 600
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	RENDINA, BRUCE A	
STREET ADDRESS	1549 ENCLAVE CIRCLE	
CITY- ST- ZIP	WEST PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/C/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENDINA, BRUCE A	
STREET ADDRESS	3801 PGA BLVD., STE 600	
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOTO, MICHAEL A	
STREET ADDRESS	3801 PGA BLVD., STE 606	
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, ERIC M	
STREET ADDRESS	3801 PGA BLVD., STE 600	
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, JOHN D	
STREET ADDRESS	3801 PGA BLVD., STE 606	
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MESSINA, DANIEL S	
STREET ADDRESS	3801 PGA BLVD., STE 600	
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENDINA, RICHARD M	
STREET ADDRESS	3801 PGA BLVD., STE 600	
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature]
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daniel S. Messina, Vice President

3/23/2006 (561) 630-5055
Date Daytime Phone #

ATTACHMENT
LAWRENCE J. DIAMOND, P.A.
ATTORNEYS AT LAW
3801 PGA BOULEVARD, SUITE 600
PALM BEACH GARDENS, FLORIDA 33410

LAWRENCE J. DIAMOND
ERIC M. FISCHER

TEL: (561) 630-5055
FAX: (561) 630-9660

66010672
#P0500061476
March 23, 2006

FEDERAL EXPRESS

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, Florida 32301


Re: Paramount Medical Property Management Services, Inc.

Dear Sir or Madam:

Enclosed please find the 2006 Annual Report for Paramount Medical Property Services, Inc., together with a check in the amount of \$150.00 payable to the Secretary of State to cover the filing fee. Note that we did include an extra sheet setting forth the names and addresses of two additional officers.

Should you require any further information, please feel free to call me.

Sincerely yours,


Cathy Scott
Legal Assistant

Enclosures

cc: Mike Rodriguez (with enclosures)
Brian Dunlay (with enclosures)
Robin Bates (with enclosures)

ATTACHMENT

6/20/06 72
#P0500061476

2006 FOR PROFIT CORPORATION ANNUAL REPORT

PARAMOUNT MEDICAL PROPERTY MANAGEMENT SERVICES, INC.

Title: CFO ☒ Addition
Name: DUNLAY, BRIAN R
Street/Address: 3801 PGA BLVD., STE 606
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP/S/T ☒ Addition
Name: DIAMOND, LAWRENCE J
Street/Address: 3801 PGA BLVD., STE 600
City-St-Zip: PALM BEACH GARDENS, FL 33410

LAWRENCE J. DIAMOND, P.A.

ATTORNEYS AT LAW
3801 PGA BOULEVARD, SUITE 600
PALM BEACH GARDENS, FLORIDA 33410

LAWRENCE J. DIAMOND
ERIC M. FISCHER

TEL: (561) 630-5055
FAX: (561) 630-9660

ATTACHMENT

April 13, 2006

66610672

Via Federal Express
2-Day Delivery

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Paramount Medical Property Management Services, Inc.
Reference No: P05000061476

Dear Sir or Madam:

Please find enclosed our annual report/uniform business report for the above-referenced corporation. Per your request, an officer of the corporation has executed the report.

Should you require any additional information regarding the Annual Report, please feel free to call me.

Sincerely yours,

Cathy Scott
Cathy Scott
Legal Assistant

/CS
Enclosure