

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000093100

FILED
Apr 29, 2012
Secretary of State

Entity Name: PARADISE MEDICAL MANAGEMENT SOLUTIONS CORP

Current Principal Place of Business:

430 1 STREET SW
NAPLES, FL 34117

New Principal Place of Business:

Current Mailing Address:

430 1 STREET SW
NAPLES, FL 34117

New Mailing Address:

FEI Number: 45-3834163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, CLAUDIA I
430 1 STREET SW
NAPLES, FL 34117 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: LOPEZ, CLAUDIA I
Address: 430 1 STREET SW
City-St-Zip: NAPLES, FL 34117

Title: VP
Name: BORREGO, ARIEL
Address: 430 1 STREET SW
City-St-Zip: NAPLES, FL 34117

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: CLAUDIA LOPEZ

P

04/29/2012

Electronic Signature of Signing Officer or Director

Date