FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000079515

1. Corporation Name

STAR PARAMEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address	
18181 NE 31 CT.	18181 NE 31 CT.	
SUIE 2007	SUIE 2007	
MIAMI FL 33160	MIAMI FL 33160	
,		
2. Principal Place of Business	2a. Mailing Address	
21	26	

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90149 027 ***150.00



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Principal Place of Busi	iness		ailing Address				s 1981/han ilb iğrir genis ağışı ganış baril agını lanıf		11881 8111 1891		
18181 NE 31 CT.		18	181 NE 31 CT.								
SUIE 2007			IE 2007								
MIAMI FL 33160 MIAMI FL 33160						DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualifed 10/28/1994				
2. Principal Place of B	Business	2a.	Mailing Address			··	4. FEI Number	Ap	plied For		
21		26					65-0531705	No	t Applicable		
Suite, Apt. #, etc.		L	Suite, Apt. #, etc.				5. Certificate of Status Desired	8.75	Additional		
22		27				<u> - بين</u>	5. Certificate of Status Besided	Fee Re	quired		
City & State			City & State				6. Election Campaign Financing	\$5.00	May Be		
23		28					Trust Fund Contribution	Added t	o Fees		
Zip	Country	L	Zip	Count	У		8. This corporation owes the current year Intang				
24	25	29	30				T Cookidi February	Yes	□No		
9. <u>Na</u>	ame and Address of Current	Regis	tered Agent		. [10. Name and Address of New Registered Age	<u>ent</u>			
MILED AN	NETTE			8	1	Name		•			
MILLER, ANNETTE 18181 NE 31ST COURT STE. 2007					2	Street Addre	ess (P.O. Box Number is Not Acceptable)				
NO. MIAMI BEACH FL 33162											
NO. MIAMI	DEAUTI PL 33 102			8	3						
•				8-	4	City	FL ⁸	35 Zip (Code		
office or registered	ovisions of Sections 607.0502 d agent, or both, in the State o with, and accept the obligation	f Florie	da. Such change was auth	orized b	y ti	named corpo he corporation	oration submits this statement for the purpose of chain's board of directors. I hereby accept the appointm	nging its ent as re	registered gistered		
SIGNATURE		_									
	typed or printed name of registered agent				ent :	signature required					
12.	OFFICERS AND	DIKE	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO Change	RS IN 12		
TITLE P	'D ANNETTE		☐ DÉCE LE	1.1 TITLE		1	Ĺ	Charige	Addition		
	R, ANNETTE			1.2 NAME		,					
	NE 31ST CT., STE. 2007	_		1.3 STRE	ET A	ADDRESS			Į.		
CITY-ST-ZIP NORI	H MIAMI BEACH FL 33162	<u>.</u>		1.4 CITY-	_	-ZIP					
TITLE			☐ DELETE	2.1 TITLE		Ì	L.] Change	☐ Addition		
NAME				2.2 NAME	:	1			1		
STREET ADDRESS				2.3 STRE	ET A	ADORESS					
CITY-ST-ZIP				2. 4 CITY-	ST-	-ZIP					
TITLE			DELETE	3.1 TITLE] Change	Addition		
NAME				3.2 NAME							
STREET ADDRESS				3.3 STRE	ET#	ADDRESS			İ		

5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY- ST- ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Addition ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

3.4, CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE

☐ DELETE

☐ DELETE

14. 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 annual report or suppliemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 655-0023

Addition

☐ Addition

Change

Change