

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90195 018 ***150.00

DOCUMENT # P94000079515 1. Entity Name STAR PARAMEDICAL SERVICES, INC.					
Principal Place of Business 190 NE 199 ST. 105 N. MIAMI BEACH, FL 33179 US			Mailing Address 190 NE 199 ST. 105 N. MIAMI BEACH, FL 33179 US		
2. Principal Place of Business 4801 Linton Blvd		3. Mailing Address 4801 Linton Blvd			
Suite, Apt. #, etc. 11A-610		Suite, Apt. #, etc. 11A-610			
City & State Delray Bch, FL		City & State Delray Bch, FL			
Zip 33445		Country USA		Zip 33445	
Country USA		4. FEI Number 65-0531705			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHREIBER, MARSHA 4801 LINTON BLVD., 11A-610 DELRAY BEACH, FL 33445			7. Name and Address of New Registered Agent Name Marsha Schreiber Street Address (P.O. Box Number is Not Acceptable) 4801 Linton Blvd Suite 11A-610 City Delray Bch FL Zip Code 33445		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHREIBER, MARSHA 520 NE 195 STREET N MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHREIBER, GERALD 520 NE 195 ST. N MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MILLER, ANNETTE 520 NE 195 ST MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Marsha Schreiber</u>			4/27/05 305-655-0023 Date Daytime Phone #		