2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000079515 **DOCUMENT #**

1. Entity Name

STAR PARAMEDICAL SERVICES, INC.



FILED Apr 04, 2003 8:00 am Secretary of State 04-04-2003 90097 002 ***150.00

Principal Place of Business 190 Nt 199 ST. 106 105	Principal Plac												
Suite. Apt. #. etc. Suite. Apt. #, etc. GHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0531705 Applied For Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name SCHREIBER, MARSHA 190 NE 199 ST. SUITE 105 SUITE 105 N. MIAMI BEACH FL 33179 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or primed name of injuriesment agent and itself applicable. (NOTE: Regissered Agent signature required when revisitating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make-Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NITLE NAME SCHREIBER, MARSHA Details STREET ADDRESS CITY-ST-2P NIMAMI BEACH FL 33179 CITY-ST-2P TITLE VP Details STREET ADDRESS CITY-ST-2P NIMAMI BEACH FL 33179 CITY-ST-2P COUNTY-ST-2P NIMAMI BEACH FL 33179 CITY-ST-2P TITLE VP Details STREET ADDRESS CITY-ST-2P NIMAMI BEACH FL 33179 CITY-ST-2P COUNTY-ST-2P NIMAMI BEACH FL 33179 CITY-ST-2P TITLE VP Details STREET ADDRESS CITY-ST-2P NIMAMI BEACH FL 33179 CITY-ST-2P TITLE VP Details STREET ADDRESS CITY-ST-2P NIMAMI BEACH FL 33179 CITY-ST-2P TITLE VP Details STREET ADDRESS CITY-ST-2P NIMAMI BEACH FL 33179 CITY-ST-2P TITLE VP Change Addition STREET ADDRESS CITY-ST-2P NIMAMI BEACH FL 33179 CITY-ST-2P TITLE VP Change Addition STREET ADDRESS CITY-ST-2P NIMAMI BEACH FL 33179 CITY-ST-2P TITLE VP Change Addition STREET ADDRESS CITY-ST-2P NIMAMI BEACH FL 33179 CITY-ST-2P TITLE VP CHANGE C	190 NE 199 ST. 105 N. MIAMI BEACH FL 33179 US				190 NE 199 ST. 105 N. MIAMI BEACH FL 33179								
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Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required	Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				. ☐ CHECK HERE IF MAKING CHANGES				
Country Country Country S. Certificate of Status Desired S8.75 Additional Fee Required Fee Required T. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) City FL Zip Code 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 FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make-Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRRET ADDRESS CITY-ST-ZIP VP Delete TITLE NAME SIRRET ADDRESS SIRRET AD	City & State	е		City	& State			4	. FEI Number 65-0531705			• • • • • • • • • • • • • • • • • • • •	
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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:

1/03 305 655 6023