

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90110 016 ***150.00

DOCUMENT # P95000006214

1. Entity Name

PARAGON SURGICAL SERVICES INC.



Principal Place of Business

618 SW 2ND AVE
BOYNTON BEACH FL 33426
US

Mailing Address

P O BOX 243316
BOYNTON BEACH FL 24336
US



2. Principal Place of Business - No P.O. Box #

618 SW 2ND AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 243316

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

65-0555394

Applied For

Not Applicable

Zip

33426-4373

Country

USA

Zip

33424-243316

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRAVIS MURPHY
618 SW 2ND AVE
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

TRAVIS MURPHY

Street Address (P.O. Box Number is Not Acceptable)

618 SW 2ND AVE

City

BOYNTON BEACH

FL

Zip Code

33426

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	MEDINA, MARIA M	
STREET ADDRESS	618 SW 2ND AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MURPHY, TRAVIS	
STREET ADDRESS	618 SW 2ND AVE	
CITY-ST-ZIP	BOYNTON BCH FL 32426	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Travis Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-07

561-737-5042

Date

Daytime Phone #