


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

| | |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

01142008 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 4. FEI Number 65-0555394 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

TRAVIS MURPHY
618 SW 2ND AVE
BOYNTON BEACH, FL 33426

**DO NOT WRITE
IN THIS SPACE**

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: Travis Murphy 01.14.08
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, 2008 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

| | |
|----------------|-----------------------|
| TITLE | S |
| NAME | MEDINA, MARIA M |
| STREET ADDRESS | 618 SW 2ND AVE |
| CITY-ST-ZIP | BOYNTON BEACH, FL |
| TITLE | PT |
| NAME | MURPHY, TRAVIS |
| STREET ADDRESS | 618 SW 2ND AVE |
| CITY-ST-ZIP | BOYNTON BCH, FL 32426 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/17/08-80028-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 01.14.08 561-364-4767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #