

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000014064 (6)

1. Corporation Name

PARAMEDS PLUS, INC.



Principal Place of Business

1850 LEE RD
SUITE 219
WINTER PARK FL 32789

Mailing Address

1850 LEE RD
SUITE 219
WINTER PARK FL 32789

2. Principal Place of Business

21 2185 N. PARK AVENUE

Suite, Apt. #, etc.

22 SUITE 8

City & State

23 WINTER PARK, FL

Zip

24 32789

Country

25 USA

2a. Mailing Address

26 2185 N. PARK AVENUE

Suite, Apt. #, etc.

27 SUITE 8

City & State

28 WINTER PARK, FL

Zip

29 32789

Country

30 USA

3. Date Incorporated or Qualified

02/20/1995

3a. Date of Last Report

4. FEI Number

59-3296929

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BILL, JOHN H
243 W PARK AVE
SUITE 8
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

JUDY SMITH

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

2185 N. PARK AVE

83

SUITE 8

84 City

WINTER PARK

FL

85 Zip Code

32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Judy Smith

JUDY SMITH

5-1-96

Signature typed or printed name of registered agent and board legal officer

Signature typed or printed name of registered agent and board legal officer

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D SMITH, JUDY
STREET ADDRESS 1516 SPARROW ST
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ DELETE

NAME D ARCHIE, ROBERT
STREET ADDRESS 421 WILMINGTON CIR
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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.

SIGNATURE:

Judy Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

(407) 644-4311

CR2E034 (12/95)