


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000091910 1. Entity Name PARADISE MEDICAL PLACEMENT CORPORATION	
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Principal Place of Business 120 E OAKLAND PARK BLVD. SUITE 105 FORT LAUDERDALE, FL 33334	Mailing Address 120 E OAKLAND PARK BLVD. SUITE 105 FORT LAUDERDALE, FL 33334
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05182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0714600	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ARGENTIERI, JO-ANN 120 E OAKLAND PARK BLVD. SUITE 105 FORT LAUDERDALE, FL 33334
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**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 <i>Jo Ann Argentieri</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<i>April 26, 2004</i> <small>DATE</small>
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**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARGENTIERI, JO-ANN 120 E OAKLAND PARK BLVD. STE 105 FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROYHL, DAVID L 321 E. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33334
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05/26/04-80001-020 158.75

**DO NOT WRITE
IN THIS SPACE**

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: <i>Jo Ann Argentieri</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>April 26, 2004</i> <small>DATE</small>	<i>1954</i> <i>563-6683</i> <small>Daytime Phone #</small>
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