

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90068 043 \*\*\*150.00

<b>DOCUMENT # P96000091910</b> 1. Entity Name <b>PARADISE MEDICAL PLACEMENT CORPORATION</b>					
Principal Place of Business <b>120 E OAKLAND PARK BLVD. SUITE 105 FORT LAUDERDALE, FL 33334</b>		Mailing Address <b>120 E OAKLAND PARK BLVD. SUITE 105 FORT LAUDERDALE, FL 33334</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>4032 Powerline Rd</b>			
City & State		City & State <b>Oakland Park</b>			
Zip      Country		Zip      Country <b>33334      Broward</b>			
4. FEI Number <b>65-0714600</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARGENTIERI, JO-ANN 120 E OAKLAND PARK BLVD. SUITE 105 FORT LAUDERDALE, FL 33334</b>			7. Name and Address of New Registered Agent Name <b>Jo-Ann Argentieri</b> Street Address (P.O. Box Number is Not Acceptable) <b>4032 Powerline Rd</b> City <b>Oakland Park</b> <b>FL</b> Zip Code <b>33334</b>		
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:       DATE: <b>4-21-05</b> <small>(Signature typed in place of name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ARGENTIERI, JO-ANN</b> <b>120 E OAKLAND PARK BLVD. STE 105</b> <b>FORT LAUDERDALE, FL 33334</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ROYHL, DAVID L</b> <b>321 E. COMMERCIAL BLVD.</b> <b>FORT LAUDERDALE, FL 33334</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			DATE: <b>4/21/05</b>		