

DOCUMENT # P97000014068

1. Entity Name
PARAMED 2000, INC.

Principal Place of Business
3847 S.E. LAKE WEIR ROAD
OCALA FL 34480-7125

Mailing Address
3847 S.E. LAKE WEIR ROAD
OCALA FL 34480-7125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3429315

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, TAYLAR
3847 S.E. LAKE WEIR ROAD
OCALA FL 34480-7125

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DS
NAME BUTLER, TAYLAR
STREET ADDRESS 3847 S.E. LAKE WEIR ROAD
CITY-ST-ZIP Ocala FL 34480-7125 ☐ Delete

TITLE DCEO
NAME ISENHOUR, JAMES K
STREET ADDRESS 3847 S.E. LAKE WEIR ROAD
CITY-ST-ZIP Ocala FL 34480-7125 ☐ Delete

TITLE CFO
NAME ISENHOUR, JAMES K
STREET ADDRESS 3847 S.E. LAKE WEIR ROAD
CITY-ST-ZIP Ocala FL 34480-7125 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with my name, with all other changes required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90056 028 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

1/4/01 352-401-5636