

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
 03-28-2002 90041 014 ***150.00

DOCUMENT # P97000030967

1. Entity Name
PARADIGM HEALTHCARE CORP.

Principal Place of Business

**7525 B SCYANE ROAD
 DALLAS TX 75227**

Mailing Address

**PO BOX 270909
 DALLAS TX 75227**

2. Principal Place of Business

3. Mailing Address

4332 Benton Elm Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PLANO, TX

4. FEI Number

65-0744533

Applied For

Not Applicable

Zip

Country

Zip

Country

75024

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOPKINS, JOHN O
 8000 N FEDERAL HWY
 BOCA RATON FL 33487**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D. WEBB, JAMES H JR**
 STREET ADDRESS **20124 OCEAN KEY DR**
 CITY-ST-ZIP **BOCA RATON FL 33498**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

James H Webb
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02
 Date

214-948-0060
 Daytime Phone #

CR2E034 (9/01)