

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093186

1. Entity Name

PARAMEDICAL SERVICES, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90144 002 ***150.00

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|---|--|
| Principal Place of Business 3520-A N MONROE ST TALLAHASSEE FL 32303 | Mailing Address 3520-A N MONROE ST TALLAHASSEE FL 32303-2745 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|-----------------------------|--|
| City & State | City & State | 4. FEI Number 59-3471838 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 6. Name and Address of Current Registered Agent GILBERT, BESSIE T 3520-A N MONROE ST TALLAHASSEE FL 32303 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|---|---------------------------------|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS GILBERT, BESSIE T 3520-A N MONROE ST TALLAHASSEE FL 32303 | <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 | VTD GILBERT, CECIL 3520-A N MONROE ST TALLAHASSEE FL 32303 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Bessie T. Gilbert Bessie T. Gilbert 3/16/2000 850-567-7774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #