

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000093186

Entity Name: PARAMEDICAL SERVICES, INC.

FILED
Jun 30, 2005
Secretary of State

Current Principal Place of Business:

3520-A N MONROE ST
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

3520-A N MONROE ST
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3471838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILBERT, BESSIE T
3520-A N MONROE ST
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

GILBERT, KEITH E
3520-A N MONROE ST
TALLAHASSEE, FL 32303 US

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: KEITH E. GILBERT

06/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GILBERT, KEITH E
Address: 3520-A N MONROE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: VSD () Delete
Name: GILBERT, BESSIE T
Address: 3520-A N MONROE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: VTD () Delete
Name: GILBERT, CECIL J
Address: 3520-A N MONROE ST
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH E. GILBERT

PD

06/30/2005

Electronic Signature of Signing Officer or Director

Date