2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000093186

FILED
10 APR 30 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Paramedical Services INC.

Principal Place of Business	Mailing Address
3520-A N. Monroe St Tallahassee, FL 32303	3520-A N. Monroe St Tallahassee, FL 32303

100180065841
05/03/10--01016--012 **150.00

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3520-A N. Monroe St Suite, Apt. #, etc.	3520-A N. Monroe St. Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip: 32303 Country: USA	Zip: 32303 Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

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
Keith E. Gilbert 3520-A N. Monroe St. Tallahassee, FL 32303	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/30/10
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2010 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Keith G. Gilbert 32303 3520-A N. Monroe St Tall, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Bessie G. Ibert 3520-A N. Monroe St Tallahassee, FL 32308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Cecil G. Ibert 3520-A N. Monroe St Tallahassee, FL 32303 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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$5/4

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 4/30/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date