2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000077002

1. Entity Name
PARADISE MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
50 PINE ISLAND ROAD SUITE 4 NORTH FORT MYERS, FL 33903	50 PINE ISLAND ROAD SUITE 4 NORTH FORT MYERS, FL 33903

DO NOT WRITE IN THIS SPACE

03042003 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3613609
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AGUILAR, MILAGROS D
50 PINE ISLAND ROAD SUITE 4
NORTH FORT MYERS, FL 33903

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 5, 2004

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

U00000160505
05/14/04-80006-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AGUILAR, EPHRAIM G
STREET ADDRESS	50 PINE ISLAND ROAD SUITE 4
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	S
NAME	AGUILAR, MILAGROS D
STREET ADDRESS	50 PINE ISLAND ROAD SUITE 4
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	VP
NAME	AGUILAR, CORI R D
STREET ADDRESS	1374 LOUISIANA LAKE AVE
CITY-ST-ZIP	LAS VEGAS, NV 89123
TITLE	T
NAME	AGUILAR, ARLENE D
STREET ADDRESS	22859 DEL VALLE #303
CITY-ST-ZIP	WOODLAND HILLS, CA 91364
TITLE	VP
NAME	AGUILAR, EFREN D
STREET ADDRESS	1374 LOUISANA LAKES AVE.
CITY-ST-ZIP	LAS VEGAS, NV 89123
TITLE	A
NAME	SALAS, GENALYN
STREET ADDRESS	1374 LOUISANA LAKES AVE
CITY-ST-ZIP	LAS VEGAS, NV 89123

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ephraim G. Aguilar 5/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #