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Secretary of State
04-21-2005 90236 032 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000077002

1. Entity Name
PARADISE MEDICAL CENTER, INC.

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

02112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1890 N. TAMIAMI TRAIL Suite, Apt. #, etc. STE. #D2
City & State	City & State NORTH FT. MYERS
Zip / County	Zip 33903 / County FLA.

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	7. Name and Address of New Registered Agent
AGUILAR, MILAGROS D ~~50 PINE ISLAND ROAD SUITE 4~~ 1890 N. TAMIAMI TR, #D2 ~~NORTH FORT MYERS, FL 33903~~ NORTH FORT MYERS FLA. 33903	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, section 607.0501, Florida Statutes.

SIGNATURE Milagros D. Aguilar MILAGROS D. AGUILAR 4/19/05
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, 2005 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	P AGUILAR, EPHRAIM G ~~50 PINE ISLAND ROAD SUITE 4~~ ~~NORTH FORT MYERS, FL 33903~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1890 N. TAMIAMI TRAIL #D2 NORTH FORT MYERS, FLA. 33903	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S AGUILAR, MILAGROS D ~~50 PINE ISLAND ROAD SUITE 4~~ ~~NORTH FORT MYERS, FL 33903~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1890 N. TAMIAMI TRAIL #D2 NORTH FORT MYERS, FLA. 33903	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP AGUILAR, CORI R D 1374 LOUISIANA LAKE AVE. LAS VEGAS, NV 89123	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T AGUILAR, ARLENE D ~~82860 DEL VALLE #303~~ ~~WOODLAND HILLS, CA 91364~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5335 DENNY AVE. #5 NORTH HOLLYWOOD, CA. 91601	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP AGUILAR, EFREN D 1374 LOUISANA LAKES AVE. LAS VEGAS, NV 89123	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A SALAS, GENALYN 1374 LOUISANA LAKES AVE. LAS VEGAS, NV 89123	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 EPHRAIM G. AGUILAR 4/19/05 (239) 656-0455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #