

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000077002

1. Entity Name
PARADISE MEDICAL CENTER, INC.



Principal Place of Business
**PARADISE MEDICAL CENTER
1890 N TAMiami TRAIL STE #D2
NORTH FORT MYERS, FL 33903**

Mailing Address
**PARADISE MEDICAL CENTER
1890 N TAMiami TRAIL STE #D2
NORTH FORT MYERS, FL 33903**



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3613609

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AGUILAR, MILAGROS D
1890 N TAMiami TRAIL #D2
NORTH FORT MYERS, FL 33903**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
AGUILAR, EPHRAIM G
1890 N TAMiami TRAIL #D2
NORTH FORT MYERS, FL 33903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
AGUILAR, MILAGROS D
1890 N TAMiami TRAIL #D2
NORTH FORT MYERS, FL 33903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
AGUILAR, CORI R D
1374 LOUISIANA LAKE AVE.
LAS VEGAS, NV 89123**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
AGUILAR, ARLENE D
5335 DENNY AVE #5
NORTH HOLLYWOOD, CA 91601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
AGUILAR, EFREN D
1374 LOUISIANA LAKES AVE.
LAS VEGAS, NV 89123**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**A
SALAS, GENALYN
1374 LOUISIANA LAKES AVE.
LAS VEGAS, NV 89123**

U00000461826
03/21/06-80010-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Ephraim G. Aguilar

3/7/06 (339) 658-00