


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000077002</b>	
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
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**DO NOT WRITE IN THIS SPACE**



03032007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3613609	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  AGUILAR, MILAGROS D 1890 N TAMiami TRAIL #D2 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: <i>Milagros D. Aguilar</i> <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE: <i>3/13/07</i>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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

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03/26/07-80001-007 150.00

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: <i>Milagros D. Aguilar</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <i>3/13/07</i> <small>Date Daytime Phone #</small>