

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079896

1. Entity Name

PARADIGM MEDICAL SERVICES OF FLORIDA, INC.

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90244 042 \*\*\*150.00

Principal Place of Business

Mailing Address

1799 S.W. 6TH PLACE  
BOCA RATON FL 33486

2721 NE 53RD CT  
LIGHTHOUSE PT FL 33064-7855

2. Principal Place of Business

3. Mailing Address

1799 SW 6th Place

1799 SW 6th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0864566

Applied For

Not Applicable

Zip

33486

Country

USA

Zip

33486

Country

USA

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

RAY, MARIA L  
2721 N.E. 53RD. CT.  
LIGHTHOUSE POINT FL 33064

Name

Janet Aroyo

Street Address (P.O. Box Number is Not Acceptable)

1799 S.W. 6th Place

City

Boca Raton

FL

Zip Code

33486

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.

SIGNATURE

*Janet Aroyo*  
Signature, typed or printed name of registered agent and title if applicable

Janet Aroyo

(NOTE: Registered Agent signature required when reinstating)

4/30/00  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete  
NAME RAY, MARIA L  
STREET ADDRESS 2721 NE 53RD CT  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE (president and director) ☐ Change ☒ Addition  
NAME Janet Aroyo  
STREET ADDRESS 1799 SW 6th Place  
CITY-ST-ZIP Boca Raton, FL 33486

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if 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 #

*Janet Aroyo*  
Janet Aroyo

4/30/00 391-2126