

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017168

FILED  
Feb 20, 2006  
Secretary of State

Entity Name: PARAGON HEALTH CENTER, INC.

## Current Principal Place of Business:

2622 NW 43RD STREET SUITE C-4  
GAINESVILLE, FL 32606

## New Principal Place of Business:

2622 NW 43RD STREET  
SUITE C-4  
GAINESVILLE, FL 32606

## Current Mailing Address:

2622 NW 43RD STREET SUITE C-4  
GAINESVILLE, FL 32606

## New Mailing Address:

2622 NW 43RD STREET  
SUITE C-4  
GAINESVILLE, FL 32606

FEI Number: 20-2262718

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAMBERLAIN, STEVEN M  
618 NE 1ST STREET  
GAINESVILLE, FL 32601 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: M ( ) Delete  
Name: DUARTE, ELIZABETH  
Address: 4100 NW 28TH LANE #68  
City-St-Zip: GAINESVILLE, FL 32606

Title: P ( ) Delete  
Name: MAZPULE, ANAMARI  
Address: 1324 NW 16TH AVE #66  
City-St-Zip: GAINESVILLE, FL 32605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANAMARI MAZPULE

P

02/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date