

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000109871

**Entity Name:** PARADIGM HEALTHCARE, LLC

**Current Principal Place of Business:**

4290 HWY 27 S  
SUITE 201  
CLERMONT, FL 34711

**Current Mailing Address:**

4290 HWY 27 S  
SUITE 201  
CLERMONT, FL 34711 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALTERS MCCARTNEY  
222 W. COMSTOCK AVENUE  
SUITE 208  
WINTER PARK, FL 32789 US

*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:** CHAD A. WALTERS

04/18/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SANTANA, DAVIAN  
Address 4290 HWY 27 S  
SUITE 201  
City-State-Zip: CLERMONT FL 34711

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVIAN S. SANTANA

MANAGER

04/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date