

2014 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:

BRET JONES, P.A.
700 ALMOND STREET
CLERMONT, FL 34711 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SANTANA, DAVIAN
Address 4290 HWY 27 S
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

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date