

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000109871

Entity Name: PARADIGM HEALTHCARE, LLC

Current Principal Place of Business:

3705 S HWY 27
SUITE 201
CLERMONT, FL 34711

Current Mailing Address:

3705 S HWY 27
SUITE 201
CLERMONT, FL 34711 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALTERS MCCARTNEY
174 W. COMSTOCK AVENUE
SUITE 100
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

04/19/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SANTANA, DAVIAN
Address 3705 S HWY 27
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 SANTANA

04/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date