

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90420 017 ***150.00

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1. Entity Name
PARADIGM HEALTH SYSTEMS, INC.



Principal Place of Business
**10 MOUNTAINVIEW ROAD
UPPER SADDLE RIVER, NJ 07458**

Mailing Address
**155 NORTH PFINGSTEN RD SUITE 355
DEERFIELD, IL 60015**

40060000



DO NOT WRITE IN THIS SPACE

01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3493126

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CP
PENROSE, JOHN
10 MOUNTAINVIEW ROAD
UPPER SADDLE RIVER, NJ 07458**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SCHMITZ, IV, FERDINAND
10 MOUNTAINVIEW ROAD
UPPER SADDLE RIVER, NJ 07458**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President of the Group Health Division
Michael Burcham
10 Mountainview Road.
Upper Saddle River, NJ 07458**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 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 #