

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006479

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: PARADIGM HEALTH SYSTEMS, INC.

## Current Principal Place of Business:

10 MOUNTAINVIEW ROAD  
UPPER SADDLE RIVER, NJ 07458

## New Principal Place of Business:

## Current Mailing Address:

10 MOUNTAINVIEW ROAD  
UPPER SADDLE RIVER, NJ 07458

## New Mailing Address:

FEI Number: 22-3493126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CP ( ) Delete  
Name: PENROSE, JOHN  
Address: 10 MOUNTAINVIEW ROAD  
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

Title: T ( ) Delete  
Name: SCHMITZ, IV, FERDINAND  
Address: 10 MOUNTAINVIEW ROAD  
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

Title: P ( ) Delete  
Name: BURCHAM, MICHAEL  
Address: 10 MOUNTAINVIEW RD  
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: GERATY, RON PRES.  
Address: 595 DOUBLE EAGLE COURT SUITE 1000  
City-St-Zip: RENO, NV 89521

Title: TREA (X) Change ( ) Addition  
Name: FLANKE, CARLA TREAS.  
Address: 51 SAWYER ROAD SUITE 200  
City-St-Zip: WALTHAM, MA 02453

Title: CFO (X) Change ( ) Addition  
Name: TROPSA, JON CFP  
Address: 10 MOUNTAINVIEW ROAD  
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

Title: SEC. ( ) Change (X) Addition  
Name: CHINIARA, ELLEN SEC  
Address: 51 SAWYER ROAD SUITE 200  
City-St-Zip: WALTHAM, MA 02453

I hereby certify that the information supplied with this filing does not qualify 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: JON TROPSA

CFO

04/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date