

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000033009

FILED
May 30, 2007
Secretary of State

Entity Name: PARAMOUNT HEALTHCARE, LLC

Current Principal Place of Business:

1100 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102

New Principal Place of Business:

649 FIFTH AVENUE SOUTH
NAPLES, FL 34102

Current Mailing Address:

1100 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102

New Mailing Address:

649 FIFTH AVENUE SOUTH,
NAPLES, FL 34102

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROLQUIN, JEFF
SHABRACHI CORP.
1100 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

SHABRACHI TRUST
4099 TAMiami TRAIL NORTH
SUITE 200
NAPLES, FL 34103 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: RYAN SANDOVAL

05/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHABRACHI CORP.,
Address: 1100 FIFTH AVENUE SOUTH, SUITE 201
City-St-Zip: NAPLES, FL 34102

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

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

ADDITIONS/CHANGES:

Title: MEMB (X) Change () Addition
Name: SHABRACHI TRUST LLC,
Address: 1100 FIFTH AVENUE SOUTH, SUITE 201
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Change (X) Addition
Name: ROLQUIN, J. LOWELL
Address: 649 FIFTH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: MEMB () Change (X) Addition
Name: PINNACLE HEALTHCARE, LLC
Address: 401 CONGRESS AVE, SUITE 1540
City-St-Zip: AUSTIN, TX 78701

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 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 608, Florida Statutes.

SIGNATURE: J. LOWELL ROLQUIN

MGMB

05/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date