2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# L05000033009

Entity Name: PARAMOUNT HEALTHCARE, LLC

Current Principal Place of Business:

649 FIFTH AVENUE SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

649 FIFTH AVENUE SOUTH,
NAPLES, FL 34102

New Mailing Address:

FEI Number: 14-1935938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHABRACHI TRUST
4099 TAMIAMI TRAIL NORTH
SUITE 200
NAPLES, FL 34103 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

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: MEMB (X) Change ( ) Addition
Name: SHABRACHI TRUST LLC,
Address: 649 FIFTH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 04/24/2008

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