

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033009

FILED
Jan 26, 2011
Secretary of State

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:

CHRIS CONA, PA
3080 TAMiami TRAIL EAST
NAPLES, FL 34112 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: CHRIS CONA

01/26/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

Title: MEMB
Name: AIAR LLC
Address: 649 FIFTH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

I hereby 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

01/26/2011

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