2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2012
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:

CHRIS CONA, PA
3080 TAMIAMI TRAIL EAST
NAPLES, FL 34112 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
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 Statues.

SIGNATURE: J LOWELL ROLQUIN MGR 02/10/2012

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