

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012337

FILED
Apr 29, 2008
Secretary of State

Entity Name: PARAMOUNT HEALTHCARE, LLC

Current Principal Place of Business:

16867 NW SILAS GREEN ST.
BLOUNTSTOWN, FL 32424 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 336
BLOUNTSTOWN, FL 32424 US

New Mailing Address:

FEI Number: 20-8362703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, LINDA A
18034 MAIN ST NORTH
BLOUNTSTOWN, FL 32424 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: MGRM () Delete
Name: ADAMS, LINDA
Address: PO BOX 336
City-St-Zip: BLOUNTSTOWN, FL 32424 US

Title: MGRM () Delete
Name: WILLIAMS, REGINA
Address: 17588 NE CHARLIE JOHNS ST
City-St-Zip: BLOUNTSTWON, FL 32424 US

ADDITIONS/CHANGES:

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: LINDA ADAMS

MGRM

04/29/2008

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