

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005378

Entity Name: PARIOX, LLC

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

1270 TROPIC PARK DRIVE  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

1270 TROPIC PARK DRIVE  
SANFORD, FL 32773

**New Mailing Address:**

FEI Number: 26-1823836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAGE12, INC  
1270 TROPIC PARK DRIVE  
SANFORD, FL 32773 US

**Name and Address of New Registered Agent:**

CERTAMED MEDICAL STAFFING, LLC  
770 KEENELAND PIKE  
LAKE MARY, FL 32746 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: JON CLAESSENS

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CERTAMED MEDICAL STAFFING, LLC  
Address: 770 KEENELAND PIKE  
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM ( ) Delete  
Name: PAGE12, INC  
Address: 1270 TROPIC PARK DRIVE  
City-St-Zip: SANFORD, FL 32773

**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: JON CLAESSENS

MGRM

04/15/2009

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