2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2011
Secretary of State

DOCUMENT# P02000012834

Entity Name: PARADIGM MEDICAL MANAGEMENT INC.

Current Principal Place of Business:

800 DOUGLAS ROAD
NORTH TOWER SUITE 450
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

800 DOUGLAS ROAD
NORTH TOWER SUITE 450
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 01-0593072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSEN, JOSEPH F
800 DOUGLAS ROAD
NORTH TOWER SUITE 450
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: P
Name: LEVITT, BARRY W
Address: 13740 SW 104 AVE
City-St-Zip: MIAMI, FL 33176

Title: D
Name: SPINNER, STEVEN
Address: 1031 CORALINA LANE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D
Name: RANE, BLAKE
Address: 14290 FLORA LANE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARRY W LEVITT P 01/03/2011

Electronic Signature of Signing Officer or Director — Date