2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006
Secretary of State

DOCUMENT# P05000018377

Entity Name: PARAMOUNT HEALTHCARE, CORP.

Current Principal Place of Business:

1400 EUDORA RD
MT. DORA, FL 32757

New Principal Place of Business:

15050 US HWY 441
EUSTIS, FL 32726

Current Mailing Address:

1400 EUDORA RD
MT. DORA, FL 32757

New Mailing Address:

15050 US HWY 441
EUSTIS, FL 32726

FEI Number: 20-2285187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDESTY, KANDI J
1400 EUDORA RD.
MT. DORA, FL 32757 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition
Name: DUVALL, STEPHEN T
Address: 15050 US HWY 441
City-St-Zip: EUSTIS, FL 32726

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHEN T. DUVALL PRES 04/03/2006
Electronic Signature of Signing Officer or Director Date