

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P11000032444

FILED
May 16, 2012
Secretary of State**Entity Name:** PARAMOUNT HEALTH SERVICES INC**Current Principal Place of Business:**1950 NW 34TH AVE
COCONUT CREEK, FL 33066**New Principal Place of Business:****Current Mailing Address:**1950 NW 34TH AVE
COCONUT CREEK, FL 33066**New Mailing Address:****FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JOSEPH, BRIAN
1950 NW 34TH AVE
COCONUT CREEK, FL 33066 US**Name and Address of New Registered Agent:**COLQUHOUN, BRIAN
1950 NW 34TH AVE
COCONUT CREEK, FL 33066 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: BRIAN COLQUHOUN

05/16/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: COLQUHOUN, BRIAN
Address: 1950 NW 34TH AVE
City-St-Zip: COCONUT CREEK, FL 33066

Title: M
Name: COLQUHOUN, MACHEL
Address: 1950 NW 34TH AVE
City-St-Zip: COCONUT CREEK, FL 33066

Title: P
Name: BORGELLA, ETHAN
Address: 1950 NW 34TH AVE
City-St-Zip: COCONUT CREEK, FL 33066

Title: M
Name: DESTINE, JENNY
Address: 1950 NW 34TH AVE
City-St-Zip: COCONUT CREEK, FL 33066

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: MACHEL COLQUHOUN

M

05/16/2012

Electronic Signature of Signing Officer or Director

Date