## 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P11000032444

Entity Name: PARAMOUNT HEALTH SERVICES INC

FILED Jul 11, 2014 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1950 NW 34TH AVE 1950 NW 34TH AVE COCONUT CREEK, FL 33066

NONE

COCONUT CREEK, FL 33066

**Current Mailing Address: New Mailing Address:** 

1950 NW 34TH AVE COCONUT CREEK, FL 33066

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

COLQUHOUN, BRUNY COLQUHOUN, MACHEL 1950 NW 34TH AVE 1950 NW 34TH AVE

COCONUT CREEK, FL 33066 COCONUT CREEK, FL 33066 US 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: MACHEL COLQUHOUN 07/11/2014

> Electronic Signature of Registered Agent Date

## FILING CANCELLED **OFFICERS AND DIRECTORS:** RETURNED CHECK

Title:

COLQUHOUN, MACHEL Name: 1950 NW 34TH AVE Address:

City-St-Zip: COCONUT CREEK, FL 33066 US

Title: NON

Name: COLQUHOUN, BRIAN 1950 NW 34TH AVE Address:

COCONUT CREEK, FL 33066 US City-St-Zip:

Title: NON

COLQUHOUN, LAUREN Name: 1950 NW 34TH AVE Address:

City-St-Zip: COOCNUT CREEK, FL 33066 US

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.

Ρ SIGNATURE: MACHEL COLQUHOUN 07/11/2014

Electronic Signature of Signing Officer or Director

Date