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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000077373

1. Corporation Name
PARAGON HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
~~555 SOUTHWEST 12TH AVE., STE. 106~~ ~~POMPANO BEACH FL 33309~~ 4400 Queen Palm Ln Tamarac, FL 33319	~~555 SOUTHWEST 12TH AVE., STE. 106~~ ~~POMPANO BEACH FL 33309~~ 4400 Queen Palm Lane Tamarac, FL 33319

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 09/08/1998	
21	26	4. FEI Number: 65-0863576	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHARLES ALAN ROSS, P.A. 3845 SW 41 STREET PEMBROKE PINES FL 33023	81 Name: VICTORIA L. DRUDING 82 Street Address (P.O. Box Number is Not Acceptable): 4400 QUEEN PALM LANE 83: TAMARAC 84 City: FL 85 Zip Code: 33319

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Victoria L Druding — 2/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	ROSS, CHARLES ALAN		1.2 NAME	DRUDING Victoria L.	
STREET ADDRESS	555 SOUTHWEST 12TH AVE., STE. 106		1.3 STREET ADDRESS	3500 North State Rd 7 Ste 440	
CITY-ST-ZIP	POMPANO BEACH FL 33309		1.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33319	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Victoria L Druding SIGNATURE REQUIRED — 2/16/99 — 954 943 4366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #