

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V57437

Entity Name: PARITY HEALTHCARE, INC.**Current Principal Place of Business:**1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323**Current Mailing Address:**1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 US**FEI Number:** 65-0360536**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARCUS, JILLIAN
1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 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:** JILLIAN MARCUS

04/21/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP & S
Name MARCUS, JILLIAN
Address 1613 NORTH HARRISON PARKWAY,
SUITE 200
City-State-Zip: SUNRISE FL 33323

Title CEOD
Name GULMI, CLAIRE
Address 1613 NORTH HARRISON PARKWAY,
SUITE 200
City-State-Zip: SUNRISE FL 33323

Title PD
Name COWARD, ROBERT
Address 1613 NORTH HARRISON PARKWAY,
SUITE 200
City-State-Zip: SUNRISE FL 33323

Title ASST. SECRETARY
Name SANTARONE, STACY
Address 1613 NORTH HARRISON PARKWAY,
SUITE 200
City-State-Zip: SUNRISE FL 33323

Title VP & T
Name EASTRIDGE, KEVIN
Address 1613 NORTH HARRISON PARKWAY
SUITE 200
City-State-Zip: SUNRISE FL 33323

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: JILLIAN MARCUS

VP

04/21/2016

Electronic Signature of Signing Officer/Director Detail

Date