

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000131889

Entity Name: PALADIN HEALTHCARE LLC

Current Principal Place of Business:

940 W OAKLAND AVE
A-1
OAKLAND, FL 34787

Current Mailing Address:

940 W OAKLAND AVE
SUITE A-1
OAKLAND, FL 34787 US

FEI Number: 46-1198225

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHINDELE, GARY M
PALADIN HEALTHCARE LLC
940 W OAKLAND AVE A-1
OAKLAND, FL 34787 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SCHINDELE, GARY M
Address 16933 FLORENCE VIEW DR
City-State-Zip: MONTVERDE FL 34756

Title CEO
Name STREER, WOLFGANG
Address 940 W OAKLAND AVE
A-1
City-State-Zip: OAKLAND FL 34787

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WOLFGANG STREER

CEO

03/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date