

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -7 AM 10: 52

DOCUMENT # 684207

(4)

1. Corporation Name

PARAGON ANESTHESIA, INC.

Principal Place of Business

**1200 S PINE ISLAND RD. STE 500
PLANTATION FL 33324-4460
US**

Mailing Address

**1200 S PINE ISLAND RD. STE 500
PLANTATION FL 33324-4460
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/15/1980

3a. Date of Last Report

03/22/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-2092416

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VAS
BLANFORD, MARY ANN
1200 S PINE ISLAND RD, STE 500
PLANTATION FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
WEINSTEIN, VICTOR
1200 S PINE ISLAND RD, STE 600
PLANTATION FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
FINDEISS, J CLIFFORD
1200 S PINE ISLAND RD, STE 600
PLANTATION FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
DAVISON, WILLIAM A
1200 S PINE ISLAND RD, STE 600
PLANTATION FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
LUCAS, DANIEL E.
1200 S PINE ISLAND RD, STE 600
PLANTATION FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VS
MCCLEARY, GEORGE W, JR
1200 S PINE ISLAND RD, STE 600
PLANTATION FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**S
PLANTATION, FLORIDA 33324**
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**VTD
CREED, JERE D.
1200 S. PINE ISLAND ROAD, SUITE 600
PLANTATION, FLORIDA 33324**
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
PLANTATION, FLORIDA 33324
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
**S
WARLEN, NEESA K.
1200 S. PINE ISLAND RD, SUITE 600
PLANTATION, FLORIDA 33324**
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
PLANTATION, FLORIDA 33324
☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
**V
PLANTATION, FLORIDA 33324**
☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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.

SIGNATURE:

Mary Ann Blanford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/95

Date

Signature Number 8