

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

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99 JAN 25 PM 3:50

DOCUMENT # 684207

1. Corporation Name
PARAGON ANESTHESIA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 1200 S PINE ISLAND RD, STE 500 PLANTATION FL 33324-4480 US
Mailing Address: 3000 GALLERIA TOWER, STE 1000 BIRMINGHAM AL 35244

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1200 S. PINE ISLAND RD		26 1200 S. PINE ISLAND ROAD		08/15/1980	
22 SUITE 600		27 SUITE 600		4. FEI Number	
23 PLANTATION, FL		28 PLANTATION, FL		59-2092416	
24 33324		29 33324		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, MAC E		1.2 NAME		
STREET ADDRESS	3000 GALLERIA TOWER, STE 1000		1.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL 35244		1.4 CITY-ST-ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNIGHT, HAROLD O JR		2.2 NAME	JAMES H. DICMERSON, JR.	
STREET ADDRESS	3000 GALLERIA TOWER, STE 1000		2.3 STREET ADDRESS	3000 GALLERIA TOWER, STE. 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244		2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35244	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP5D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THRASHER, TRACY P		3.2 NAME	SARA J. FINLEY	
STREET ADDRESS	3000 GALLERIA TOWER, STE 1000		3.3 STREET ADDRESS	3000 GALLERIA TOWER, STE. 1000	
CITY-ST-ZIP	BIRMINGHAM AL 35244		3.4 CITY-ST-ZIP	BIRMINGHAM, AL 35244	
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSINGALE, LYNN H		4.2 NAME		
STREET ADDRESS	1900 WINSTON ROAD., STE 300		4.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN 37919		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

(Handwritten signature)

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE: 1/20/97 DAYTIME PHONE #: (205) 233-8996

CR2E034 (1/198)

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ACCOUNT NO. : 072100000032
 REFERENCE : 110478 4390339
 AUTHORIZATION : *Patricia Pizzuti*
 COST LIMIT : \$ 150.00

ORDER DATE : January 25, 1999
 ORDER TIME : 11:55 AM
 ORDER NO. : 110478-025
 CUSTOMER NO: 4390339
 CUSTOMER: Ms. Tina Nelson
 Medpartners, Inc.
 3000 Galleria Tower
 Suite 1000
 Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: PARAGON ANESTHESIA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

DIVISION OF CORPORATION EXAMINER'S INITIALS: _____

99 JAN 25 PM 1:40

RECEIVED