

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H45241

(7)

1. Corporation Name

PARAGON EMERGENCY PHYSICIANS, P.A.



Principal Place of Business

% JOHN DODSON
201 14TH ST., S.W.
LARGO FL 34640-3133

Mailing Address

% JOHN DODSON
201 14TH ST., S.W.
LARGO FL 34640-3133

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/01/1985

3a. Date of Last Report

02/14/1995

4. FEIN Number

59-2497666

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

10. Name and Address of New Registered Agent

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 607.0103 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 607.0105, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement on behalf of the corporation.

Signature of the person who is authorized to execute this statement on behalf of the corporation.

Signature

12. OFFICERS AND DIRECTORS

12.1

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PVPS
DODSON, JOHN W.
201 14TH ST., S.W.
LARGO FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

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CITY, ST, ZIP

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13.

13.1

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

2.1

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3.1

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information provided with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or on an attached sheet with an officer.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96

813-596-3315

CR2E034 (12/95)