

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 22 1996 8:00 am  
Secretary of State

DOCUMENT # 684207 (4)

1. Corporation Name

PARAGON ANESTHESIA, INC.



Principal Place of Business

1200 S PINE ISLAND RD. STE 500  
PLANTATION FL 33324-4480  
US

Mailing Address

1200 S PINE ISLAND RD. STE 500  
PLANTATION FL 33324-4480  
US

3. Date Incorporated or Qualified  
08/15/1980

3a. Date of Last Report  
04/07/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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

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

10. Name and Address of New Registered Agent

81 Name

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

1200 S. Pine Island Road

83 Suite 250

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

(None) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE S  
NAME BLANFORD, MARY ANN  
STREET ADDRESS 1200 S PINE ISLAND RD, STE 500  
CITY-STATE-ZIP PLANTATION FL ☐ DELETE

TITLE VTD  
NAME CREED, JERE D.  
STREET ADDRESS 1200 S PINE ISLAND RD, STE 600  
CITY-STATE-ZIP PLANTATION FL ☐ DELETE

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

TITLE S  
NAME WARLEN, NEESA K.  
STREET ADDRESS 1200 S PINE ISLAND RD, STE 600  
CITY-STATE-ZIP PLANTATION FL ☐ DELETE

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

TITLE V  
NAME MCCLEARY, GEORGE W, JR  
STREET ADDRESS 1200 S PINE ISLAND RD, STE 600  
CITY-STATE-ZIP PLANTATION FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE S ☐ Change ☒ Addition  
5.2 NAME David Peck  
5.3 STREET ADDRESS 1200 S. Pine Island Rd., Ste 600  
5.4 CITY-STATE-ZIP Plantation, FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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(3)(k), 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

Mary Ann Blanford

4/17/95

DATE

(954)475-1300

DAYTIME PHONE #

CR2E034 (12/95)