

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 684207

1. Corporation Name
PARAGON ANESTHESIA, INC.

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

FILED

99 JAN 25 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1980

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1200 S. PINE ISLAND RD
Suite, Apt. #, etc.

22 SUITE 600

City & State

23 PLANTATION, FL

Zip Country

24 33324 25

2a. Mailing Address

26 1200 S. PINE ISLAND ROAD
Suite, Apt. #, etc.

27 SUITE 600

City & State

28 PLANTATION, FL

Zip Country

29 33324 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 607.0502 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 CEO
NAME CRAWFORD, MAC E ☒ DELETE
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE VTD
NAME KNIGHT, HAROLD O JR ☒ DELETE
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE VSD
NAME THRASHER, TRACY P ☒ DELETE
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE P
NAME MASSINGALE, LYNN H ☐ DELETE
STREET ADDRESS 1900 WINSTON ROAD, STE 300
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900002753769--6

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JAMES H. DICMERSON, JR. 1/20/97 (205) 733-8996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

052227

CR2E034 (1/198)



2

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

EXAMINER'S INITIALS: _____
DIVISION OF CORPORATION

99 JAN 25 PM 1:40

RECEIVED