

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 684207

1. Entity Name

PARAGON ANESTHESIA, INC.

FILED

Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90071 041 \*\*\*150.00

Principal Place of Business

1200 S PINE ISLAND RD. STE 600  
PLANTATION FL 33324-4460  
US

Mailing Address

1200 S PINE ISLAND RD. STE 600  
PLANTATION FL 33324-4465  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2092416

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPTD  
NAME DICKERSON, JAMES H JR  
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000  
CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

TITLE VPSD  
NAME FINLEY, SARA  
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000  
CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE PRESIDENT  
NAME NEIL PRINCE, M.D.  
STREET ADDRESS 1200 PINE ISLAND RD. STE 600  
CITY-ST-ZIP PLANTATION FL 33324 ☐ Change ☒ Addition

TITLE UP/DIRECTOR  
NAME H. LYNN MASSINGALE, M.D.  
STREET ADDRESS 1900 WINSTON RD. STE 300  
CITY-ST-ZIP KNOXVILLE TN 37919 ☐ Change ☒ Addition

TITLE UP/SECRETARY/DIRECTOR  
NAME MICHAEL HATCHER  
STREET ADDRESS 1900 WINSTON RD. STE 300  
CITY-ST-ZIP KNOXVILLE TN 37919 ☐ Change ☒ Addition

TITLE UP/TREASURER  
NAME DAVID JONES  
STREET ADDRESS 1900 WINSTON RD. STE 300  
CITY-ST-ZIP KNOXVILLE TN 37919 ☐ Change ☒ Addition

TITLE UP/ASST. SECRETARY  
NAME STEPHEN SHERMAN  
STREET ADDRESS 1900 WINSTON RD. STE 300  
CITY-ST-ZIP KNOXVILLE TN 37919 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)