

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

FILED

97 DEC -4 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

1. Name of Limited Partnership	1a. DOCUMENT # <b>A93000000796</b>
--------------------------------	---------------------------------------

<b>PARAGON HEALTHCARE LIMITED PARTNERSHIP</b>
---

Mailing Address <b>1200 SOUTH PINE ISLAND ROAD SUITE 600 PLANTATION FL 33324</b>	Principal Office Address <b>1200 SOUTH PINE ISLAND ROAD SUITE 600 PLANTATION FL 33324</b>
---	--

2. Mailing Address <b>3000 Galleria Tower Suite, Apt. #, etc. Suite 1000 City &amp; State Birmingham, AL Zip Country 35244</b>	2a. Principal Office Address <b>Suite, Apt. #, etc. City &amp; State Zip Country</b>
---	---

3. Date Formed or Registered <b>08/03/1993</b>	5a. Capital Contributions as Shown on record. <b>\$102,000.00</b>
3a. Date of Last Report <b>12/27/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date. <b>0</b>
4. State or Country of Formation <b>FL</b>	6. FEI Number <b>65-0426893</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD, 2ND FLOOR PLANTATION FL 33324</b>	10. If changed, new Registered Agent/Office Name <b>Corporation Service Company</b> Street Address (P.O. Box Number Is Not Acceptable) <b>1201 Hays Street</b> Suite, Apt. #, etc. <b>Suite 105</b> City <b>Tallahassee, FL</b> Zip Code <b>32301</b>
---	--

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.
---

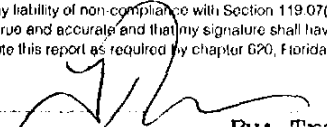
SIGNATURE (Registered Agent Accepting Appointment) <b>Deborah D. Skipper, as agent</b>	DATE <b>12-4-97</b>
--	---------------------

<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>
--

11. Name(s) of General Partner(s) <b>INPHYNET HOSPITAL SERVICES,</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>1200 SOUTH PINE ISLAN</b>	11b. City, State & Zip Code <b>PLANTATION FL 33324</b>	11c. Registration/ Document Number <b>P95000091228</b>
---	--	---	--

<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>
--

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.
--

SIGNATURE 	DATE <b>12-1-97</b>
By: <b>Tracy P. Thrasher</b> VP & Secy of its GP	Daytime Telephone Number <b>(905) 733-8996</b>

CR2E003 (6/97)



THE UNITED STATES  
CORPORATION  
COMPANY

# A93000000796

ACCOUNT NO. : 072100000032

REFERENCE : 622226 4390339

AUTHORIZATION :

COST LIMIT :

*Patricia Pijet*  
~~\$ 576.25~~

ORDER DATE : December 4, 1997

**\$156.25**

ORDER TIME : 11:27 AM

ORDER NO. : 622226-025

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber  
Medpartners, Inc.  
3000 Riverchase  
Galleria Tower / Ste. 1000  
Birmingham, AL 35244

FILED  
97 DEC -4 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ANNUAL REPORT FILING

NAME: PARAGON HEALTHCARE LIMITED  
PARTNERSHIP

400002363184

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
97 DEC -4 PM 1:18  
DIVISION OF CORPORATION  
B/K 12/4/97