

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 OCT -5 PM 2:28

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000796

PARAGON HEALTHCARE LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

3000 GALLERIA TOWER, SUITE 1000
BIRMINGHAM AL 35244

1200 SOUTH PINE ISLAND ROAD
SUITE 600
PLANTATION FL 33324

3. Date Formed or Registered

08/03/1993

5a. Capital Contributions as
Shown on record.

\$102,000.00

3a. Date of Last Report

12/04/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0426893

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.182, 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 620.182, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

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

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

INPHYNET HOSPITAL SERVICES,

1200 SOUTH PINE ISLAND

PLANTATION FL 33324

P95000091228

000002655900--5

BK 10/5/98

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

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

SARA J. FINLEY

DATE

9/23/98

Typed or Printed Name of General Partner Signing Form

SARA J. FINLEY

Daytime Telephone Number

205-982-4313

CR2E003 (8/98)

A93000000796



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 982933 4390339

AUTHORIZATION : Patricia Piggott

COST LIMIT : \$ 535.00

ORDER DATE : October 2, 1998

ORDER TIME : 9:52 AM

ORDER NO. : 982933-005

CUSTOMER NO: 4390339

CUSTOMER: Ms. Irene Graves
Medpartners, Inc.
3000 Galleria Tower
Suite 1000
Birmingham, AL 35244

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
98 OCT -5 PM 2:28

ANNUAL REPORT FILING

59874 0049490

NAME: PARAGON HEALTHCARE LIMITED
PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cassandra Bryant

EXAMINER'S INITIALS:

BK
10/5/98