

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000796**

1. Entity Name

PARAGON HEALTHCARE LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

Principal Place of Business

1200 SOUTH PINE ISLAND RD., STE. 600
PLANTATION FL 33324

Mailing Address

3000 GALLERIA TOWER, SUITE 1000
BIRMINGHAM AL 35244-2359

2. Principal Place of Business

3. Mailing Address

1200 PINE ISLAND RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SITE 600

City & State

City & State

PLANTATION FL

Zip

Country

Zip

Country

33324

USA

4. FEI Number

65-0426893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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. Capital Contributions
as Shown on record.

\$102,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P95000091228
NAME INPHYNET HOSPITAL SERVICES, INC.
STREET ADDRESS 1200 SOUTH PINE ISLAND ROAD, SUITE 600
CITY - ST - ZIP PLANTATION FL 33324

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

9000003248889--3

05/11/00--01094--010

***526.25 ***526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Wendy Hatcher SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date *4/24/00* Daytime Phone # *865-693-1000*

CR2E003 (9/99)