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06 APR 26 AM 8:49  
TALLAHASSEE, FLORIDA

FILED  
2006 APR 26 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 988969 7182683

AUTHORIZATION :

COST LIMIT : \$ 52.50

ORDER DATE : April 14, 2006

ORDER TIME : 3:53 PM

ORDER NO. : 988969-015

CUSTOMER NO: 7182683

*file record*

2006 APR 26 AM 10:45  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

DOMESTIC FILINGS

NAME: PARAGON HEALTHCARE LIMITED  
PARTNERSHIP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT# 2908

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

**CERTIFICATE OF DISSOLUTION  
FOR**

Paragon Healthcare Limited Partnership

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on August 3, 1993, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

No longer doing business

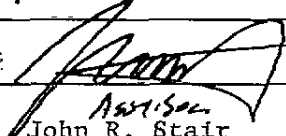
**SECOND:** ☒ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to  
s. 620.1803(3) or (4), F.S.:

Inphynct Contracting Services Inc.

by:   
Assistant  
John R. Stair

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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TALLAHASSEE, FLORIDA

**NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

Paragon Healthcare Limited Partnership

Description of information that must be included in a claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

Team Health, 1900 Winston Road, Suite 300, Knoxville, TN 37919

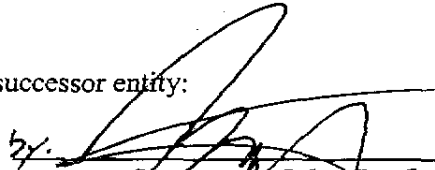
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Inphynet Contracting Services, Inc.

Printed Name

by   
Signature John R. Stair  
Asst. Sec.

**Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.**

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