

**Florida Department of State
Division of Corporations
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Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 22 PM 12:27

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FOREIGN PROFIT/NONPROFIT CORPORATION
PARAGON INFUSION CARE, INC.**

Certificate of Status	0
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Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

Help

1/4

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Paragon Infusion Care, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joy Schroeder

Name of Person

CT/NRAI Houston

Firm/Company

1021 Main Street, Suite 1150

Address

Houston, TX 77002

City/State and Zip code

jbrayton@paragonhealthcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joy Schroeder

at (800) 862-5438

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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(3/5)

14 AUG 22 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Paragon Infusion Care, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Texas 3. 06-1639157
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/12/2002 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 17111 Preston Road, Suite 100, Dallas, Texas 75248
(Principal office address)
17111 Preston Road, Suite 100, Dallas, Texas 75248
(Current mailing address)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.
By: 
(Registered agent's signature) Joy Schroeder, Asst. Secretary

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Richard M. Allen

Address: 17111 Preston Road, Suite 100, Dallas, Texas 75248

Director: Larry Joe Brayton

Address: 17111 Preston Road, Suite 100, Dallas, Texas 75248

B. OFFICERS

President: Richard M. Allen, President & CEO

Address: 17111 Preston Road, Suite 100 Dallas, Texas 75248

Vice President: Larry Joe Brayton, EVP & CFO

Address: 17111 Preston Road, Suite 100 Dallas, Texas 75248

Secretary: Martin McGovern, EVP & COO

Address: 17111 Preston Road, Suite 100 Dallas, Texas 75248

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Larry Joe Brayton, Executive VP & CFO

(Typed or printed name and capacity of person signing application)

8/22/2014 15:41:10 From: To: 8506176381

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Office of the Secretary of State

APPROVED (5/5)
AND
FILED

Nandita Berry
14 AUG 2014 12:27
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for Paragon Infusion Care, Inc. (file number 800102193), a Domestic For-Profit Corporation, was filed in this office on July 12, 2002.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name
officially and caused to be impressed hereon the Seal of
State at my office in Austin, Texas on August 21, 2014.



Nandita Berry

Nandita Berry
Secretary of State