


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000000932 (2)**  
1. Corporation Name

**PARAGON REHABILITATION, INC.**



Principal Place of Business <b>3100 W. END AVE. STE 470 NASHVILLE TN 37207 US</b>	Mailing Address <b>400 PERIMETER CENTER TERRACE SUITE 650 ATLANTA GA 30346</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3100 West End Avenue</b> Suite, Apt. #, etc. 22 City & State 23 Zip 24 <b>37203-1331</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>02/24/1995</b>	
4. FEI Number <b>62-1396066</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO DANIEL F. MONGOMORY 400 PERIMETER CENTER TERR., SUITE 650 ATLANTA GA</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Sole Director, CEO + COO J. Stephen Eaton 400 Perimeter Center Terrace, Suite 650 Atlanta, GA 30346</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PAUL A. QUIRO 1201 PEACHTREE ST., STE 220 ATLANTA GA</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Paul A. Quiros 191 Peachtree Street N.E. Atlanta, GA 30308-30303</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS USA A. BENNETT 400 PERIMETER CENTER TERR., SUITE 650 ATLANTA GA</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>30346</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS TRACY C. COSBY 400 PERIMETER CENTER TERR., SUITE 650 ATLANTA GA</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>Tracey C. Cosby 30346</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPC MORRIS, JOHN 3100 WEST END AVENUE, SUITE 740 NASHVILLE TN 37207</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>37203-1331</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPC SAUBER, ALAN 3100 WEST END AVENUE, SUITE 740 NASHVILLE TN 37207</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>37203-1331</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*James B. ...*

*1/1/98*

*(770) 330-1123*

CR2E034 (10/97)

**PARAGON REHABILITATION, INC.**  
**3100 WEST END AVENUE, SUITE 740**  
**NASHVILLE, TN 37207**  
**EIN: 62-1396066**

**DIRECTOR:**

**Sole Director**

J. Stephen Eaton

**OFFICERS:**

**CEO and Chairman of Board**

J. Stephen Eaton

**President**

Lawrence W. Lepley, Jr.

**Executive Vice President and CFO**

John Morris

**Executive Vice President and COO**

Alan Sauber

**Executive Vice President and Treasurer**

Alan C. Dahl

**Executive Vice President**

Randall J. Bufford

**Chief Information Officer**

Daniel F. Montgomery

**Secretary**

Paul A. Quiros

**Assistant Secretary**

Lisa A. Bennett

**Assistant Secretary**

Tracey C. Cosby