

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000932

1. Entity Name

PARAGON REHABILITATION, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90113 038 \*\*\*150.00

Principal Place of Business

Mailing Address

3100 WEST END AVE  
 STE 400  
 NASHVILLE TN 37203-331  
 US

400 PERIMETER CENTER TERRACE  
 SUITE 650  
 ATLANTA GA 30346-1266

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **62-1396066**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324

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. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	EATON, STEPHEN J	
STREET ADDRESS	400 PERIMETER CENTER TERRACE STE 650	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	S	<input type="checkbox"/> Delete
NAME	QUIROS, PAUL A	
STREET ADDRESS	191 PEACHTREE STREET NE	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LISA A. BENNETT	
STREET ADDRESS	400 PERIMETER CENTER TERR., SUITE 650	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	AS	<input type="checkbox"/> Delete
NAME	COSBY, TRACY C	
STREET ADDRESS	400 PERIMETER CENTER TERR., SUITE 650	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	EVPC	<input type="checkbox"/> Delete
NAME	MORRIS, JOHN	
STREET ADDRESS	3100 W END AVE STE 400	
CITY-ST-ZIP	NASHVILLE TN 37203-1331	
TITLE	EVPC	<input checked="" type="checkbox"/> Delete
NAME	SAUBER, ALAN	
STREET ADDRESS	3100 W END AVE STE 400	
CITY-ST-ZIP	NASHVILLE TN 37203-1331	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence W. Lepley, Jr.	
STREET ADDRESS	3100 West End Avenue, Suite 400	
CITY-ST-ZIP	Nashville, Tennessee 37203-1331	
TITLE	Executive Vice Pres./Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan C. Dahl	
STREET ADDRESS	400 Perimeter Center Terrace, Suite 650	
CITY-ST-ZIP	Atlanta, Georgia 30346-1266	
TITLE	Executive VP Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virgil W. Hockersmith	
STREET ADDRESS	3100 West End Avenue, Suite 400	
CITY-ST-ZIP	Nashville, Tennessee 37203-1331	
TITLE	Vice President/Asst. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daryl R. Griswold	
STREET ADDRESS	400 Perimeter Center Terrace	
CITY-ST-ZIP	Atlanta, Georgia 30346-1266	
TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tracey C. Cosby	
STREET ADDRESS	400 Perimeter Center Terrace, Suite 650	
CITY-ST-ZIP	Atlanta, Georgia 30346-1266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Tracey C. Cosby* **REQUIRE** Tracey C. Cosby 4/27/00 770/698-9040  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)