

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90982 018 \*\*\*150.00

DOCUMENT # F95000000932

1. Entity Name  
PARAGON REHABILITATION, INC.



Principal Place of Business  
400 PERIMETER CENTER TERR SUITE 650  
ATLANTA, GA 30346 US

Mailing Address  
400 PERIMETER CENTER TERRACE  
SUITE 650  
ATLANTA, GA 30346

24055483



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
62-1396066

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DCEO ☐ Delete  
NAME WILSON, DAVID R  
STREET ADDRESS 400 PERIMETER CENTER TERRACE STE 650  
CITY-ST-ZIP ATLANTA, GA 30346

TITLE S ☐ Delete  
NAME GICSON, REGINALD S JR  
STREET ADDRESS 400 PERIMETER CENTER TERR SUITE 650  
CITY-ST-ZIP ATLANTA, GA 30346

TITLE AS ☐ Delete  
NAME COSBY, TRACEY C  
STREET ADDRESS 400 PERIMETER CENTER TERR., SUITE 650  
CITY-ST-ZIP ATLANTA, GA 30346

TITLE T ☐ Delete  
NAME GRAZZINI, BRIAN M  
STREET ADDRESS 400 PERIMETER CENTER TERR SUITE 650  
CITY-ST-ZIP ATLANTA, GA 30346

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director, President and CEO ☒ Change ☐ Addition  
NAME David R. Wilson  
STREET ADDRESS 400 Perimeter Center Terrace, Suite 650  
CITY-ST-ZIP Atlanta, GA 30346

TITLE Secretary ☒ Change ☐ Addition  
NAME Reginald S. Gibson, Jr.  
STREET ADDRESS 400 Perimeter Center Terrace, Suite 650  
CITY-ST-ZIP Atlanta, GA 30346

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracey C. Cosby

4/22/04

(770) 730-1103

Date

Daytime Phone #