

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90259 034 ***150.00

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04282005 Chg-P CR2E034 (10/03)

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		
2. Principal Place of Business 303 Perimeter Center North Suite 500 Atlanta, GA 30346		3. Mailing Address 303 Perimeter Center North Suite 500 Atlanta, GA 30346			
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc. Suite 500			
City & State Atlanta, GA		City & State Atlanta, GA			
Zip 30346		Country USA		Zip 30346	
Country USA		Country USA			
4. FEI Number 62-1396066			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE WILSON, DAVID R 400 PERIMETER CENTER TERRACE STE 650 ATLANTA, GA 30346	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO, Director Patrick Dupontis 303 Perimeter Center North, Suite 500 Atlanta, GA 30346
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIBSON, REGINALD S JR 400 PERIMETER CENTER TERR SUITE 650 ATLANTA, GA 30346	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Tracey C. Cosby 303 Perimeter Center North, Suite 500 Atlanta, GA 30346
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COSBY, TRACEY C 400 PERIMETER CENTER TERR., SUITE 650 ATLANTA, GA 30346	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Brian M. Grazzini 303 Perimeter Center North, Suite 500 Atlanta, GA 30346
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAZZINI, BRIAN M 400 PERIMETER CENTER TERR SUITE 650 ATLANTA, GA 30346	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Tracey C. Cosby 303 Perimeter Center North, Suite 500 Atlanta, GA 30346
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>Tracey C. Cosby</u> <u>Tracey C. Cosby - Secretary</u> <u>4/28/05</u> <u>(770) 730-1103</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					