# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000000932

**Entity Name:** PARAGON REHABILITATION, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 303 PERIMETER CENTER NORTH<br>SUITE 500<br>ATLANTA, GA  30346    US | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 303 PERIMETER CENTER NORTH<br>SUITE 500<br>ATLANTA, GA  30346    US | |

FEI Number: 62-1396066         FEI Number Applied For ( )         FEI Number Not Applicable ( )         Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL  32301    US | |

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: _____

    Electronic Signature of Registered Agent                                             Date

**Election Campaign Financing Trust Fund Contribution ( ).**

## OFFICERS AND DIRECTORS:                          ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

| | | | | |
|---|---|---|---|---|
| Title: | DPCE       ( ) Delete | Title: | ( ) Change ( ) Addition |
| Name: | DUPLANTS, PATRICK | Name: | |
| Address: | 303 PERIMETER CENTER NORTH SUITE 500 | Address: | |
| City-St-Zip: | ATLANTA, GA  30346 | City-St-Zip: | |
| | | | |
| Title: | S       ( ) Delete | Title: | ( ) Change ( ) Addition |
| Name: | COSBY, TRACEY C | Name: | |
| Address: | 303 PERIMETER CENTER NORTH SUITE 500 | Address: | |
| City-St-Zip: | ATLANTA, GA  30346 | City-St-Zip: | |
| | | | |
| Title: | CFO       ( ) Delete | Title: | ( ) Change ( ) Addition |
| Name: | GRAZZINI, BRIAN M | Name: | |
| Address: | 303 PERIMETER CENTER NORTH SUITE 500 | Address: | |
| City-St-Zip: | ATLANTA, GA  30346 US | City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes.  I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:  TRACEY C. COSBY                                              S                              04/19/2006
_____
    Electronic Signature of Signing Officer or Director                                             Date