

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000127647

Entity Name: PARAGON EMERGENCY SERVICES, INC.

FILED
Nov 14, 2007
Secretary of State

Current Principal Place of Business:

14050 NW 14TH STREET SUITE 190
FORT LAUDERDALE, FL 33323

New Principal Place of Business:

Current Mailing Address:

14050 NW 14TH STREET SUITE 190
FORT LAUDERDALE, FL 33323

New Mailing Address:

1900 WINSTON ROAD, SUITE 300
KNOXVILLE, TN 37919

FEI Number: 81-0584939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTILLE, ROBERT
Address: 14050 NW 14TH ST. SUITE 190
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: VCMO () Delete
Name: LAMELAS, PETER MD
Address: 14050 NW 14TH ST. SUITE 190
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: AS () Delete
Name: STAIR, JOHN
Address: 1900 WINSTON RD., SUITE 3--
City-St-Zip: KNOXVILLE, TN 37919

Title: AT () Delete
Name: BELMAR, CAROLE
Address: 1900 WINSTON ROAD, SUITE 300
City-St-Zip: KNOXVILLE, TN 37919

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROGERS, OLIVER MD
Address: 14050 NW 14TH ST. SUITE 190
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: CMO (X) Change () Addition
Name: HOLTZCLAW, STEPHEN MD
Address: 14050 NW 14TH ST. SUITE 190
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: AS (X) Change () Addition
Name: STAIR, JOHN
Address: 1900 WINSTON RD., SUITE 300
City-St-Zip: KNOXVILLE, TN 37919

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MASSINGALE, LYNN MD
Address: 1900 WINSTON ROAD, SUITE 300
City-St-Zip: KNOXVILLE, TN 37919

Title: D () Change (X) Addition
Name: ROTH, GREG
Address: 1900 WINSTON ROAD, SUITE 300
City-St-Zip: KNOXVILLE, TN 37919

I hereby certify that the information supplied with this filing does not qualify 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: JOHN STAIR

AS

11/14/2007

Electronic Signature of Signing Officer or Director

Date