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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38294

1. Corporation Name
PARAGON WSC, INC.

Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203
US

Mailing Address

PO BOX 750
NASHVILLE TN 37202
US

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(If the Registered Agent's signature is not applicable, enter "N/A")

(Date)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V JOHNSON, R. M
ONE PARK PLAZA
NASHVILLE TN

DSVA DONAHEY, KENNETH C.
ONE PARK PLAZA
NASHVILLE TN

DVP ELTON, ROSALYN S.
ONE PARK PLAZA
NASHVILLE TN

AS BLACKWOOD, D A
ONE PARK PLAZA
NASHVILLE TN 37203

DVPS FRANCK II, JOHN M.
ONE PARK PLAZA
NASHVILLE TN

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP 19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP 23 TITLE 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP 27 TITLE 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 35 TITLE 36 NAME 37 STREET ADDRESS 38 CITY-ST-ZIP 39 TITLE 40 NAME 41 STREET ADDRESS 42 CITY-ST-ZIP 43 TITLE 44 NAME 45 STREET ADDRESS 46 CITY-ST-ZIP 47 TITLE 48 NAME 49 STREET ADDRESS 50 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 55 TITLE 56 NAME 57 STREET ADDRESS 58 CITY-ST-ZIP 59 TITLE 60 NAME 61 STREET ADDRESS 62 CITY-ST-ZIP 63 TITLE 64 NAME 65 STREET ADDRESS 66 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99

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