

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT - 1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000033311

1. Corporation Name
Paragon Imaging Consultants, Inc.

Principal Place of Business Mailing Address
*1200 S. Pine Island Road
Suite 600
Plantation, FL 33324*

DO NOT WRITE IN THIS SPACE

96-98

2. Principal Place of Business		2a. Mailing Address	
21	<i>1200 S. Pine Island Road Suite 600 Plantation, FL 33324</i>	26	<i>1201 Hays Street</i>
22	City & State	27	City & State
23	<i>Tallahassee, FL</i>	28	<i>Tallahassee, FL</i>
24	Zip	29	Zip
25	<i>32301</i>	30	<i>32301</i>

3. Date Incorporated or Qualified	<i>5-7-93</i>
4. FEI Number	<i>65-0410357</i>
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
*CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324*

10. Name and Address of New Registered Agent

81	Name	<i>Corporation Service Company</i>
82	Street Address (P.O. Box Number is Not Acceptable)	<i>1201 Hays Street</i>
83	City	<i>Tallahassee</i>
84	State	FL
85	Zip Code	<i>32301</i>

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 607.0335, Florida Statutes.

SIGNATURE: *Aren B. Kar* **Karen B. Rozar, Asst. Sec.**
Corporation Service Company

DATE: *10/1/98*

12. OFFICERS AND DIRECTORS

TITLE	<i>President / Director</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Carl Rosenkrantz, M.D.</i>	
STREET ADDRESS	<i>600 SW Third Street</i>	
CITY-ST-ZIP	<i>Pompano Beach, FL</i>	
TITLE	<i>Secretary / Treasurer / Director</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>Jose B. Creed, M.D.</i>	
STREET ADDRESS	<i>1200 S. Pine Island Road, Suite 600</i>	
CITY-ST-ZIP	<i>Plantation, FL 33324</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>President</i>
2.3 STREET ADDRESS	<i>H. Lynn Massingale, M.D. 1900 Winston Road, Suite 300</i>
2.4 CITY-ST-ZIP	<i>Knoxville, TN 37919-3606</i>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>VP / Treasurer / Director</i>
3.3 STREET ADDRESS	<i>James H. Dickerson, Jr. 3000 Galleria Tower, Suite 1000</i>
3.4 CITY-ST-ZIP	<i>Birmingham, AL 35244</i>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>VP / Secretary / Director</i>
4.3 STREET ADDRESS	<i>Sara J. Finley 3000 Galleria Tower, Suite 1000</i>
4.4 CITY-ST-ZIP	<i>Birmingham, AL 35244</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 the 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 on an attachment with an address.

Sara J. Finley

CR2E034 (10/97)



**THE UNITED STATES
CORPORATION**
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 981047 4390339

AUTHORIZATION :

COST LIMIT :

Patricia Pizant

ORDER DATE : October 1, 1998

ORDER TIME : 3:07 PM

ORDER NO. : 981047

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber
Medpartners, Inc.
3000 Galleria Tower
Suite 1000
Birmingham, AL 35244

REINSTATEMENT (CHANGE OF AGENT)

NAME: PARAGON IMAGING CONSULTANTS,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

RECEIVED
98 OCT -1 PM 4:12
DIVISION OF CORPORATION