

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90071 039 \*\*\*150.00

**DOCUMENT # P93000033311**

1. Entity Name  
**PARAGON IMAGING CONSULTANTS, INC.**

Principal Place of Business 1200 S. PINE ISLAND RD. SUITE 600 PLANTATION FL 33324	Mailing Address 1200 S. PINE ISLAND RD. SUITE 600 PLANTATION FL 33324-4465
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0410357</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**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 **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MASSINGALE, H. LYNN MD</b> <b>1900 GALLERIA ROAD, SUITE 600</b> <b>KNOXVILLE TN 37919-3606</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD</b> <b>DICKERSON, JAMES H JR</b> <b>3000 GALLERIA TOWER, SUITE 1000</b> <b>BIRMINGHAM AL 35244</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD</b> <b>FINLEY, SARA J</b> <b>3000 GALLERIA TOWER, SUITE 1000</b> <b>BIRMINGHAM AL 35244</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>NEIL PRINCIPLE, M.D.</b> <b>1200 PINE ISLAND RD. STE 600</b> <b>PLANTATION FL 33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/DIRECTOR</b> <b>H. LYNN MASSINGALE, M.D.</b> <b>1900 WINSTON RD. STE. 300</b> <b>KNOXVILLE TN 37919</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/SECRETARY (DIRECTOR)</b> <b>1900 WINSTON RD. STE. 300</b> <b>KNOXVILLE TN 37919</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/TREASURER</b> <b>DAVID JONES</b> <b>1900 WINSTON RD. STE 300</b> <b>KNOXVILLE TN 37919</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ASST. SECRETARY</b> <b>STEPHEN SHERLIN</b> <b>1900 WINSTON RD. STE 300</b> <b>KNOXVILLE TN 37919</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Hatcher **MICHAEL HATCHER** Date: 2/25/00 Daytime Phone #: 865-693-1000

CR2E034 (9/99)