

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000033311**

1. Entity Name

PARAGON IMAGING CONSULTANTS, INC.



Principal Place of Business

14050 NW 14TH ST STE 190  
KNOXVILLE TN 37919

Mailing Address

P.O. BOX 30698  
KNOXVILLE TN 37919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0410357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete  
NAME: PRINCIPE, NEIL M.D.  
STREET ADDRESS: 14050 NW 14TH ST., STE. 190  
CITY-ST-ZIP: FORT LAUDERDALE FL 33323

TITLE: VPD ☐ Delete  
NAME: MASSINGALE, LYNN H MD  
STREET ADDRESS: 1900 WINSTON RD. STE 300  
CITY-ST-ZIP: KNOXVILLE TN 37919

TITLE: VPSD ☐ Delete  
NAME: HATCHER, MICHAEL  
STREET ADDRESS: 1900 WINSTON RD. STE 300  
CITY-ST-ZIP: KNOXVILLE TN 37919

TITLE: VPT ☐ Delete  
NAME: JONES, DAVID  
STREET ADDRESS: 1900 WINSTON RD. STE 300  
CITY-ST-ZIP: KNOXVILLE TN 37919

TITLE: VPAS ☐ Delete  
NAME: SHERLIN, STEPHEN  
STREET ADDRESS: 1900 WINSTON RD. STE 300  
CITY-ST-ZIP: KNOXVILLE TN 37919

TITLE: AS ☐ Delete  
NAME: STAIR, JOHN R  
STREET ADDRESS: 1900 WINSTON ROAD  
CITY-ST-ZIP: KNOXVILLE TN 37919

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: 000000064429  
CITY-ST-ZIP: 02/24/04-80012-004 150.00

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ASST. Sec. John Stair 2/19/04 865-223-5665