## 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

DOCUMENT #

1. Corporation Name P95000091237 (4)

1200 S PINE ISLAND RD SUITE 600

1200 S PINE ISLAND RD SUITE 600

1200 \$ PINE ISLAND RD SUITE 600

**PLANTATION FL** 

**PLANTATION FL** 

PECK, DAVID C

**PLANTATION FL** 

BLANFORD, MARY ANN

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

PARAGON CONTRACTING SERVICES, INC.

CALLAHASSEE FLORIDA Principal Place of Business Mailing Address 1200 S. PINE ISLAND ROAD 1200 S. PINE ISLAND ROAD SUITE 600 PLANTATION FL \$3324 SUITE 600 PLANTATION FL 33324 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0622859 3000 Galleria Tower Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required Durke 1000 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Birmingham, A П Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 35244 % 45A Personal Property Tax due June 30. Yes 24 25 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 84 85 Zip Code 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 (NOTF - Registered Agent signature required when reinstating) Signature, typnid or printed name of regenered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Change **Addition** TITLE Ceo/D CREED, JERE D M.D. 1.2 NAME NAME E. Mac Crownfard 1200 S. PINE ISLAND RD., SUITE 600 3000 Galleria Tower Suite 1000 STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL** Birmingham, AL 35244 CITY-ST-ZIP 1.4 City-St-ZiP **X** Addition XI DELETE Change TITLE 2.1 TITLE V/T/D FINDEISS, J. CLIFFORD M.D. 2.2 NAME Horold O. Knight, Jr. NAME 3000 Galleria Tower, Suite 1000 1200 S. PINE ISLAND RD., SUITE 600 STREET ADDRESS 2.3 STREET ADDRESS **PLANTATION FL** Birmingham, AL トトムので CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE V/5/D MCCLEARY, GEORGE W JR. 3.2 NAME Tracy P. Thrasher 1200 S. PINE ISLAND RD., SUITE 600 3000 Galleria Tower, Juite 1000 STREET ADDRESS 33 STREET ADDRESS **PLANTATION FL** Birmingham, AL 35244 CITY-ST-ZIP 34. CITY-SY-ZIP DELETE Addition 4.1 TITLE TITLE PRINCIPE, NEIL J H. Lynn Massingale, MD 4 2 NAME NAME

CITY-ST-ZIP 14. Thereby certify that the information supplied with his 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 suppliemental 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 all attay himenit with an address

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

Tracy P. Thrasher

6.4 CITY - ST - ZIP

5.4 CITY - S1 - ZIP

4.4 CiTY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

**XI** DLLETE

1900 Winston Road, Swite 300

200002505382-

Knokville, TN 37919

FILED

98 APR 29 PH 2: 57

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Change

Change Addition

Addition



ACCOUNT NO. : 072100000032

REFERENCE

799025

<u> 13903</u>39

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE: April 28, 1998

ORDER TIME: 9:40 AM

ORDER NO. : 799025-035

CUSTOMER NO:

4390339

CUSTOMER: Ms. Becky Taber

Medpartners, Inc. 3000 Riverchase

Galleria Tower / Ste. 1000

Birmingham, AL 35244

## ANNUAL REPORT FILING

NAME:

PARAGON CONTRACTING SERVICES,

INC.

XX ANNUAL REPORT
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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynette Coleman

EXAMINER'S INITIALS:

MECEIVED

98 APR 29 PHI2: 18

DIVISION OF CORPORATION