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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091237

PARAGON CONTRACTING SERVICES, INC.

Principal Place of Business

Mailing Address

1200 S. PINE ISLAND ROAD SUITE 600

PLANTATION FL 33324

3000 GALLERIA TOWER.. STE 1000 BIRMINGHAM AL 35244

FILED

99 JAN 25 PM 3: 49

SECRETARY OF STATE TALLAHASSEE. FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

									11/30/1995				
2. 1	Principal Place of Business			2a. Mailing Address				. =	4. FEI Number	Appli	ed For		
21	· · · · · · · · · · · · · · · · · · ·			26 1200 5. PINE ISLAND ROA				æ	65-0622859		Not /	Applicable	
	uite, Apt. #, etc.			Suite, Apt. #, etc.					E Codificate of Chatter Desired FT	\$8.	75 Ad	ditional	
22				27 50178 600					5. Certificate of Status Desired	Fe	e Requ	rired	
- (City & State			City & State					6. Election Campaign Financing	\$5	.00 м	av Be	
23		-	28	PLANTATION	ر د	T 2	-		Trust Fund Contribution		ded to		
	Zip	Country	·'	Zip	- 1 c	ountry			8. This corporation owes the current year Ir	stangible			
24		25	29	33324	30	-			Personal Property Tax.	Yes	. TS	(No	
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent					
						81 Name							
CORPORATION SERVICE COMPANY						82 Street Address (P.O. Box Number is Not Acceptable)							
1201 HAYS STREET							Stree	treet Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301-2525													
						83							
						84	City			85	Zip Co	de	
		······································				_Ļ_			FI				
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 ag					l signatura	required v	when reinstaling) DATE				
12.		ÖFFICERS A	ND DIRE		1	<u>3. </u>		,	ADDITIONS/CHANGES TO OFFICERS A				
TITLE	1	CEOD		DELETE	1.1	TITLE				☐ Cha	ınge	Addition	
NAME	:	CRAWFORD, MAC E			1,2	NAME						ŀ	
STREE	TREET ADDRESS 3000 GALLERIA TOWER., STE 1000					1.3 STREET ADDRESS						- 1	
спу-	ST-20P	minimum to the colors					1.4 CITY-ST-ZIP						
TILE		VTD		₩ DELETE	2.1	TITLE		VP7	TD .	Cha	nge	Addition	
NAME	:	KNIGHT, HAROLD O JR			2,2	NAME		Ton	HES H. DICHERSON, JR.				
STRE	ET ADDRESS	3000 GALLERIA TOWER., STE	1000	235			2.3 STREET ADDRESS		O GALLERIA TOWER, STE	. 100	0		
	ST-ZIP	BIRMINGHAM AL 35244	. 1000		1 -	CITY-S		1	CHINGHAH, AL 35244			ľ	
TITLE		VSD		₩ DELETE		BILE	I-ZIP	VPS		Cha	inge	Addition	
NAME	ł	THOSOLIED TOLOUD		22		NAME			QA J. FINCEY		90	2.100.001	
		3000 GALLERIA TOWER., STE	1000					300	O GALLERIA TOWER STE.	1000	2		
	ET ADDRESS		: 1000				ADDRESS						
	ST-ZIP	BIRMINGHAM AL 35244			_	CITY-S	r-ZIP		HINGHAM, AL 35244	770		- A-2-70	
TITLE	1	P		DELETE		MLE		PD	1	⊠ Cha	nge	☐ Addition	
NAME		MASSINGALE, LYNN H MD			4, 2	2 NAME		H. Z	LYNN MASSINGALE, M.D.				
STREE	ET ADDRESS	1900 WINSTON ROAD., STE :	300		4.3	STREET	ADDRESS						
CITY-	ST-ZIP	KNOXVILLE TN 37919			4,4	CITY-ST	-ZIP	<u></u>					
πŒ			_	☐ DELETE	5.1	TITLE		1	۸	Cha	nge	Addition	
NAME	:				5.2	NAME			- (k				
STREE	ET ADDRESS				5.3	STREET	ADDRESS					1	
CITY-					5.4	CITY-ST	-ZiP						
TITLE				☐ DELETE	6.1	TITLE		1		☐ Cha	nge	Addition	
NAME	1				6.2	NAME		1			-		
	ET ADDRESS				63	STREET	ADDRESS]	200002753	C F		- e	
					1	CITY-ST		1				- 1	
	ST-ZIP	ertify that the information supplied w	ith this s	iling does not qualify fo				d in Sec	ction 119.07(3)(i), Florida Statutes. I further ce	rtify that	the info	rmation	
	indiantal.	on this conventioned or complement	d accust	l monad in true and con	urata ar	ad that	mu cia	_ ,, _,	shall have the same local affect as if made und	ar and	that I a		

Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered 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, with all other like empowered.

SIGNATURE:



REFERENCE: 110478

4390339

AUTHORIZATION

. . V

COST LIMIT : \$ 150.00

ORDER DATE: January 25, 1999

ORDER TIME : 11:57 AM

ORDER NO. : 110478-030

CUSTOMER NO: 4390339

CUSTOMER: Ms. Tina Nelson

Medpartners, Inc. 3000 Galleria Tower

Suite 1000

Birmingham, AL 35244

ANNUAL REPORT FILING

NAME:

PARAGON CONTRACTING SERVICES,

INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

DIVISION OF CORPORATION

EXAMINER'S INITIALS:

09 JAN 25 PM 1: 40

BECEINED