

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90050 016 \*\*\*150.00

**DOCUMENT # P95000091237**

1. Entity Name

PARAGON CONTRACTING SERVICES, INC.



Principal Place of Business

1900 WINSTON ROAD  
KNOXVILLE TN 37919  
US

Mailing Address

PO BOX 30698  
KNOXVILLE TN 37919  
US

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

65-0622859

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 32301-2525

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTD ☒ Delete  
NAME DICKERSON, JAMES H JR  
STREET ADDRESS 3000 GALLERIA TOWER., STE 1000  
CITY-ST-ZIP BIRMINGHAM AL 35244

TITLE President ☐ Change ☒ Addition  
NAME Neil J. Principe, M.D.  
STREET ADDRESS 14050 NW 14TH ST., Suite 190  
CITY-ST-ZIP Ft. Lauderdale, FL 33323

TITLE VSD ☒ Delete  
NAME FINLEY, SARA J  
STREET ADDRESS 3000 GALLERIA TOWER., STE 1000  
CITY-ST-ZIP BIRMINGHAM AL 35244

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

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

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

TITLE VT ☐ Delete  
NAME JONES, DAVID  
STREET ADDRESS 1900 WINSTON RD  
CITY-ST-ZIP KNOXVILLE TN 37919

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

TITLE DVS ☐ Delete  
NAME HATCHER, MICHAEL  
STREET ADDRESS 1900 WINSTON RD  
CITY-ST-ZIP KNOXVILLE TN 37919

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

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

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

12. 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 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.

Date

Daytime Phone #

2/19/04