

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 # 684207

(4)

1. Corporation Name

PARAGON ANESTHESIA, INC.

FILED

98 APR 29 PM 3: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

1200 S PINE ISLAND RD. STE 500  
PLANTATION FL 33324-4460  
US

1200 S PINE ISLAND RD. STE 500  
PLANTATION FL 33324-4460  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1980

4. FEI Number

59-2092416

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 3000 Galleria Tower

22 City & State

27 Suite 1000

23 Zip

Country

28 Birmingham, AL

24

25

29

30

USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T BLANFORD, MARY ANN  
1200 S PINE ISLAND RD, STE 500  
PLANTATION FL

☒ DELETE

D CREED, JERE D.  
1200 S PINE ISLAND RD, STE 600  
PLANTATION FL

☒ DELETE

PD FINDEISS, J CLIFFORD  
1200 S PINE ISLAND RD, STE 600  
PLANTATION FL

☒ DELETE

AS POBGE, TOM  
1200 SO PINE ISLAND ROAD STE 600  
PLANTATION FL

☒ DELETE

S DAVID PECK  
1200 S PINE ISLAND ROAD, SUITE 600  
PLANTATION FL

☒ DELETE

V MCCLEARY, GEORGE W, JR  
1200 S PINE ISLAND RD, STE 600  
PLANTATION FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CEO/D  
E. Mac Crawford  
3000 Galleria Tower, Suite 1000  
Birmingham, AL 35244

☐ Change

☒ Addition

V/T/D  
Harold O. Knight, Jr.  
3000 Galleria Tower, Suite 1000  
Birmingham, AL 35244

☐ Change

☒ Addition

V/S/D  
Tracy P. Thrasher  
3000 Galleria Tower, Suite 1000  
Birmingham, AL 35244

☐ Change

☒ Addition

P  
H. Lynn Massingale  
1900 Winston Road, Suite 300  
Knoxville, TN 37919

☐ Change

☒ Addition

700002505377--1

☐ Change

☐ Addition

14. 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 annual report or supplemental 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 an attachment with an address

SIGNATURE: Tracy P. Thrasher

4-15-98

205-

733-3991

CR2E034 (10/97)



2

ACCOUNT NO. : 072100000032

REFERENCE : 799025 4390339

AUTHORIZATION :

COST LIMIT :

\$ 150.00

Patricia Pizut

ORDER DATE : April 28, 1998

ORDER TIME : 9:38 AM

ORDER NO. : 799025-030

CUSTOMER NO: 4390339

CUSTOMER: Ms. Becky Taber  
Medpartners, Inc.  
3000 Riverchase  
Galleria Tower / Ste. 1000  
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: PARAGON ANESTHESIA, INC.

XX ANNUAL REPORT

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: \_\_\_\_\_

RECEIVED  
98 APR 29 PM 12:18  
DIVISION OF CORPORATION