

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90175 002 \*\*\*150.00

DOCUMENT # **684207**

1. Entity Name

**Paragon Anesthesia, Inc.**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**1900 Winston Rd.**

Suite, Apt. #, etc.

3. Mailing Address

**P. O. Box 30698**

Suite, Apt. #, etc.

City & State  
**Knoxville, TN**

City & State  
**Knoxville, TN**

Zip  
**37919**

Country  
**USA**

Zip  
**37919**

Country  
**USA**

4. FEI Number

**59-2092416**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Corporation Service Company  
 1201 Hays Street  
 Tallahassee, FL 32301**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

|                                                |                                 |
|------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| <b>See attached rider</b>                      |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 11 or Block 12 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

**John R. Stargis**

**4/18/01**

**(865)293-5665**

Date Daytime Phone #

CR2E034 (11/00)

Attachment Doc # 684207

Paragon Anesthesia, Inc.

060574818

**Directors** H. Lynn Massingale, M.D., 1900 Winston Rd., Knoxville, TN 37919

Michael Hatcher, 1900 Winston Rd., Knoxville, TN 37919

**Officers** **President** – Neil Principe, M.D., 14050 NW 14<sup>th</sup> St., Suite 190, Knoxville, TN 37919

**Vice President** – H. Lynn Massingale, M.D., 1900 Winston Rd., Knoxville, TN 37919

**Vice President-Legal Affairs &**

**Assistant Secretary** – Robert Joyner, Esq., 1900 Winston Rd., Knoxville, TN 37919

**Vice President & Secretary** – Michael Hatcher, 1900 Winston Rd., Knoxville, TN 37919

**Vice President & Assistant Secretary** – Stephen Sherlin, 1900 Winston Rd., Knoxville, TN 37919

**Vice President & Treasurer** – David Jones, 1900 Winston Rd., Knoxville, TN 37919

**Assistant Secretary** – John R. Stair, 1900 Winston Rd., Knoxville, TN 37919