

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -6 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001001

1. Entity Name
PALATKA EMERGENCY SERVICES, LLC

Principal Place of Business Mailing Address
2828 CROASDAILE DRIVE 2828 CROASDAILE DRIVE
DURHAM NC 27705 DURHAM NC 27705-2505

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number 56-2146877 APPLIED FOR Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHG/PHYAMERICA PHYSICIAN SERVICES, INC. 2828 CROASDAILE DRIVE DURHAM NC 27705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY OF STATE 000003342950--7 -08/02/00--01003--002 *****50.00 *****50.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jessie Davis SIGNATURE REQUIRED JAMMY DAVIS 4/19/00 (919) 383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)