# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
2007 JUN 15 PM 12:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000005848

1. Entity Name
STERLING EMERGENCY SERVICES OF ALABAMA, INC.

04192007 Chg-P CR2E034 (12/06)

| Principal Place of Business | Mailing Address |
|---|---|
| 1000 PARK FORTY PLAZA<br>500<br>DURHAM, NC 27713 US | 1000 PARK FORTY PLAZA<br>500<br>DURHAM, NC 27713 US |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0887127 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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. 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, 2007 Fee will be $550.00**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>DAUCHERT, EUGENE F JR<br>1000 PARK FORTY PLAZA, STE 500<br>DURHAM, NC 27713 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT / CEO<br>ROBERT J. BUNKER<br>1000 PARK FORTY PLAZA, STE 500<br>DURHAM, NC 27713 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SPOON, EILEEN E<br>1000 PARK FORTY PLAZA, STE 500<br>DURHAM, NC 27713 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP / SECRETARY<br>KIMBERLY A. LICATA<br>SAME ADDRESS ABOVE | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER / CFO<br>JAMES M. DOUTHITT<br>SAME ADDRESS ABOVE | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP / ASSISTANT SEC.<br>JOEL P. MCMAINS<br>SAME ADDRESS ABOVE | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 200104425212<br>05/15/07--01025--025 **2400.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** James A. Douthitt 4-23-07 919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #