


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS


08 APR 30 AM 9:06

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| DOCUMENT #P99000005848 |  |
| 1. Entity Name STERLING EMERGENCY SERVICES OF ALABAMA, INC. | |

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| Principal Place of Business 1000 PARK FORTY PLAZA 500 DURHAM, NC 27713 US | Mailing Address 1000 PARK FORTY PLAZA 500 DURHAM, NC 27713 US |
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| 2. Principal Place of Business - No P.O. Box # 6400 Atlantic Blvd Suite, Apt. #, etc. | 3. Mailing Address 6400 Atlantic Blvd Suite, Apt. #, etc. |
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| City & State Jacksonville, FL Zip 32211 Country USA | City & State Jacksonville, FL Zip 32211 Country USA |
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| 04172008 Chg-P | CR2E034 (12/06) |
| 4. FEI Number 65-0887127 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO BUNKER, ROBERT 1000 PARK FORTY PLAZA, STE 500 DURHAM, NC 27713 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS LICATA, KIMBERLY A 1000 PARK FORTY PLAZA, STE 500 DURHAM, NC 27713 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TCFO DOUTHITT, JAMES 1000 PARK FORTY PLAZA, STE 500 DURHAM, NC 27713 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPAS MCMAINS, JOEL 1000 PARK FORTY PLAZA, STE 500 DURHAM, NC 27713 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6400 ATLANTIC BLVD JACKSONVILLE, FL 32211 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600129459498 05/14/08--01024--014 **1560.00 <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6400 ATLANTIC BLVD JACKSONVILLE, FL 32211 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  Robert J. Bunker, President 4/21/08 904-805-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davline Phone #

5100