

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000005848

FILED
Apr 13, 2009
Secretary of State

Entity Name: STERLING EMERGENCY SERVICES OF ALABAMA, INC.

Current Principal Place of Business:

6400 ATLANTIC BLVD
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

6400 ATLANTIC BLVD
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 65-0887127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: BUNKER, ROBERT
Address: 6400 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: VPAS () Delete
Name: MCMAINS, JOEL
Address: 6400 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change () Addition
Name: MCMAINS, JOEL
Address: 6400 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: VPS () Change (X) Addition
Name: CRASS, SARAH C
Address: 6400 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH C.H. CRASS

VP

04/13/2009

Electronic Signature of Signing Officer or Director

Date