

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000005848

Entity Name: STERLING EMERGENCY SERVICES OF ALABAMA, INC.**Current Principal Place of Business:**300 S. PARK ROAD, SUITE 400
HOLLYWOOD, FL 33021**Current Mailing Address:**ATTN: LEGAL DEPARTMENT
300 S. PARK ROAD, SUITE 400
HOLLYWOOD, FL 33021 US**FEI Number:** 65-0887127**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	CEOD
Name	SCHILLINGER, JEFFREY
Address	300 S. PARK ROAD, STE 400
City-State-Zip:	HOLLYWOOD FL 33021
Title	VP, DIRECTOR, SECRETARY
Name	CRASS, SARAH C.H.
Address	1300 RIVERPLACE BLVD, STE 300
City-State-Zip:	JACKSONVILLE FL 32207

Title	PD
Name	SCHILLINGER, DAVID MD
Address	300 S. PARK ROAD, STE 400
City-State-Zip:	HOLLYWOOD FL 33021
Title	TREASURER, VP, CFO
Name	MAFFEI, CHRISTOPHER
Address	300 S. PARK ROAD, SUITE 400
City-State-Zip:	HOLLYWOOD FL 33021

I hereby 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 all other like empowered.

SIGNATURE: SARAH C.H. CRASS

VICE PRESIDENT

07/01/2015

Electronic Signature of Signing Officer/Director Detail_____
Date