FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002074 (3)

1. Corporate Name
MEDICUS EMERGENCY GROUP, INC.

Principal Place of Business
3708 MAYFAIR STREET
SUITE 301
DURHAM NC 27707
US

Mailing Address
ATTN: TAX DEPARTMENT
P.O. BOX 15309
DURHAM NC 27704
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 04/27/1993
3a. Date of Last Report: 05/01/1994

2. Previous Date of Report (21)
2a. Mailing Address (26)

4. FEI Number: 56-1817269 ☐ Applied For ☐ Not Applicable

Suite Apt. # (22)
Suite Apt. # (27)

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

City & State (23)
City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) County (25) Zip (29) County (30)

8. This corporation has loan(s) for intangible tax under s. 199.032 Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.1916 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent (and familiar with and accept the obligations of) said position under Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR		13. ADDITIONS, CHANGES TO OFFICER AND DIRECTOR	
TYPE	DP	TYPE	☒ Change ☐ Addition
NAME	SODERSTROM, CARL D	NAME	3708 Mayfair Street, Ste. 301
STREET ADDRESS	[redacted]	STREET ADDRESS	Durham, NC 27707
CITY ST ZIP	[redacted]	CITY ST ZIP	
TYPE	DO	TYPE	DST ☒ Change ☐ Addition
NAME	DOOLITTLE, KIRK	NAME	
STREET ADDRESS	3708 MAYFAIR ST.	STREET ADDRESS	
CITY ST ZIP	DURHAM NC	CITY ST ZIP	
TYPE	DK	TYPE	☐ Change ☐ Addition
NAME	[redacted]	NAME	Delete
STREET ADDRESS	[redacted]	STREET ADDRESS	
CITY ST ZIP	[redacted]	CITY ST ZIP	
TYPE	VP	TYPE	☐ Change ☐ Addition
NAME	BERRY, DAVE	NAME	
STREET ADDRESS	475 MONTGOMERY PLACE, SUITE 100	STREET ADDRESS	
CITY ST ZIP	ALTAMONTE SPRINGS FL	CITY ST ZIP	
TYPE	MK	TYPE	D ☒ Change ☐ Addition
NAME	[redacted]	NAME	Slaughter, Duke
STREET ADDRESS	3708 MAYFAIR ST.	STREET ADDRESS	
CITY ST ZIP	DURHAM NC 27707	CITY ST ZIP	
TYPE	AS	TYPE	☐ Change ☐ Addition
NAME	SNEDEKER, ANGELA M	NAME	
STREET ADDRESS	2828 CROASDAILE DRIVE	STREET ADDRESS	
CITY ST ZIP	DURHAM NC	CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Angela M Snedeker Angela M. Snedeker 4-28-95 919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000003 CP