

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **F93000003875**

1. Entity Name

PST EMERGENCY MEDICINE SERVICES, INC.**FILED**
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90045 010 ***150.00

Principal Place of Business	Mailing Address
2700 CUMBERLAND PARKWAY STE 300 ATLANTA GA 30339	2700 CUMBERLAND PARKWAY STE 300 ATLANTA GA 30339-3321 US

2. Principal Place of Business	3. Mailing Address
6400 Atlantic Blvd. Suite, Apt. #, etc.	2840 Mt. Wilkinson Parkway Suite, Apt. #, etc.

City & State	City & State
Jacksonville, FL	Atlanta, GA

Zip	Country	Zip	Country
32211-8724	USA	30339-3632	USA

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 333244. FEI Number **58-2062951**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BERRY, DAVID R	2700 CUMBERLAND PKWY., SUITE 300	ATLANTA GA 30339-3632	<input type="checkbox"/>
EVSD	HUTTO, RANDOLPH L	2700 CUMBERLAND PKWY., SUITE 300	ATLANTA GA 30339-3632	<input type="checkbox"/>
VT	DICKERSON, CARYN S	2700 CUMBERLAND PKWY., SUITE 300	ATLANTA GA 30339-3632	<input type="checkbox"/>
EVCF	TANNER, WAYNE A	2700 CUMBERLAND PKWY., SUITE 300	ATLANTA GA 30339-3632	<input type="checkbox"/>
VASC	SHERMAN, PEGGY B	2700 CUMBERLAND PKWY., SUITE 300	ATLANTA GA 30339-3632	<input checked="" type="checkbox"/>
D	RITCHIE, ALLEN W	2700 CUMBERLAND PKWY., SUITE 300	ATLANTA GA 30339-3632	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Same	Richard O. Robertson	6400 Atlantic Blvd.	Jacksonville, FL 32211-8724	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Same	Same	2840 Mt. Wilkinson Parkway	Atlanta, GA 30339-3632	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Same	Same	2840 Mt. Wilkinson Parkway	Atlanta, GA 30339-3632	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Same	Same	2840 Mt. Wilkinson Parkway	Atlanta, GA 30339-3632	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Same	Same	2840 Mt. Wilkinson Parkway	Atlanta, GA 30339-3632	<input type="checkbox"/>	<input type="checkbox"/>
Same	Same	2840 Mt. Wilkinson Parkway	Atlanta, GA 30339-3632	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Randolph L.M. Hutto**

1/31/00

770-444-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)