

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90135 034 \*\*\*150.00

**DOCUMENT # F95000001004**

1. Entity Name

**PHYAMERICA PHYSICIAN SERVICES OF THE SOUTHEAST,**

Principal Place of Business

Mailing Address

--- CROASDAILE DRIVE  
NC 27705ATTN: TAX DEPT  
P.O. BOX 15309  
DURHAM NC 27704-0309  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

56-1582402

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 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 State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete  
NAME JOHNSTON, LINDA  
STREET ADDRESS 2828 CROASDAILE DRIVE  
CITY-ST-ZIP DURHAM NC 27705TITLE DIRECTOR ☐ Change ☒ Addition  
NAME SCOTT, STEVEN M MD  
STREET ADDRESS 2828 CROASDAILE DRIVE  
CITY-ST-ZIP DURHAM NC 27705TITLE PD ☐ Delete  
NAME PODOLSKY, SHERMAN M MD  
STREET ADDRESS 2828 CROASDAILE DR  
CITY-ST-ZIP DURHAM NC 27705TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME DAUCHERT, EUGENE F. JR  
STREET ADDRESS 2828 CROASDAILE DRIVE  
CITY-ST-ZIP DURHAM NC 27705TITLE VPS ☐ Delete  
NAME BROWN, JEAN  
STREET ADDRESS 2828 CROASDAILE DRIVE  
CITY-ST-ZIP DURHAM NC 27705TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME STEELE, DIANNE  
STREET ADDRESS 2828 CROASDAILE DRIVE  
CITY-ST-ZIP DURHAM NC 27705TITLE VT ☐ Delete  
NAME NEWELL, STEVE  
STREET ADDRESS 2828 CROASDAILE DR  
CITY-ST-ZIP DURHAM NC 27705TITLE ASSISTANT SECRETARY ☐ Change ☒ Addition  
NAME DAVIS, TAMMY  
STREET ADDRESS 2828 CROASDAILE DRIVE  
CITY-ST-ZIP DURHAM NC 27705TITLE VP ☒ Delete  
NAME MCKINNEY, BRUCE  
STREET ADDRESS 2828 CROASDAILE DR  
CITY-ST-ZIP DURHAM NC 27705TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VP ☒ Delete  
NAME MCDUFFIE, EDITH H  
STREET ADDRESS 2828 CROASDAILE DRIVE  
CITY-ST-ZIP DURHAM NC 27705TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

TAMMY DAVIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/19/00  
Date(919)383-0355  
Daytime Phone #