

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90189 039 ***150.00

DOCUMENT # F95000001004

1. Entity Name

**PHYAMERICA PHYSICIAN SERVICES OF THE
SOUTHEAST, INC.**



Principal Place of Business

**2828 CROASDAILE DRIVE
DURHAM NC 27705
US**

Mailing Address

**ATTN: TAX DEPT
P.O. BOX 15309
DURHAM NC 27704
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1582402

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Delete
NAME JOHNSTON, LINDA
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM NC 27705

TITLE PD ☐ Change ☒ Addition
NAME STEPHEN J. DRESNICK, M.D.
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM, NC 27705

TITLE PD ☒ Delete
NAME PODOLSKY, SHERMAN M MD
STREET ADDRESS 2828 CROASDAILE DR
CITY-ST-ZIP DURHAM NC 27705

TITLE V ☐ Change ☒ Addition
NAME TAMMY DAVIS
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM, NC 27705

TITLE VPS ☒ Delete
NAME BROWN, JEAN
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM NC 27705

TITLE T ☐ Change ☒ Addition
NAME EILEEN E. SPOON
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM, NC 27705

TITLE VPAS ☒ Delete
NAME DAVIS, TAMMY
STREET ADDRESS 2828 CROASDAILE DR
CITY-ST-ZIP DURHAM NC 27705

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SCOTT, STEVEN M
STREET ADDRESS 2828 CROASDAILE DR
CITY-ST-ZIP DURHAM NC 27705

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME DAUCHERT, EUGENE F JR
STREET ADDRESS 2828 CROASDAILE DR
CITY-ST-ZIP DURHAM NC 27705

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eugene F. Dauchert Jr
EUGENE F. DAUCHERT JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/04 919-383-0355