

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003409

1. Entity Name

SHG/PHYAMERICA PHYSICIAN SERVICES, INC.

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90856 003 ***150.00

Principal Place of Business

Mailing Address

2828 CROASDAILE DRIVE
DURHAM NC 27705

2828 CROASDAILE DRIVE
DURHAM NC 27705-2505

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

56-2446702 APPLIED FOR

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.

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	PD	<input type="checkbox"/> Delete
NAME	SCOTT, STEVEN M MD	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	VS D	<input type="checkbox"/> Delete
NAME	DAUCHERT, EUGENE F	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	VT D	<input type="checkbox"/> Delete
NAME	DICKERSON, W. RANDALL	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOTES, CHRISTOPHER T	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PODOLSKY, SHERMAN M. MD	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	VICE PRESIDENT/ASSIST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATKIN, NANCY K.	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	ASSISTANT VICE PRESIDENT/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, TAMMY	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	ASSIST. VP / ASSIST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMMOUD, CETA	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	ASSIST. VP / ASSIST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEELE, DIANNE	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 DIRECTOR

4/19/00

Date

(919) 383-0355

Daytime Phone #

CR2E034 (9/99)

Attachment
C0088950
#F99000003409

ATTACHMENT

STATE OF FLORIDA

SHG/PHYAMERICA PHYSICIAN SERVICES, INC.
FEIN: 56-2146702

ADDITIONAL OFFICERS

TITLE	Assistant Secretary
NAME	Edward L. Suggs Jr. CPA
STREET ADDRESS	2828 Croasdaile Drive
CITY-ST-ZIP	Durham, NC 27705