

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90262 043 ***150.00

DOCUMENT # F99000003409

1. Entity Name

SHG/PHYAMERICA PHYSICIAN SERVICES, INC.

Principal Place of Business

**2828 CROASDAILE DRIVE
DURHAM NC 27705**

Mailing Address

**2828 CROASDAILE DRIVE
DURHAM NC 27705**

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 **56-2146702**

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

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 re-registering)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	SCOTT, STEVEN M MD	2828 CROASDAILE DRIVE	DURHAM NC 27705	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VS	DAUCHERT, EUGENE F	2828 CROASDAILE DRIVE	DURHAM NC 27705	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VT	DICKERSON, W. RANDALL	2828 CROASDAILE DRIVE	DURHAM NC 27705	<input checked="" type="checkbox"/>		VICE PRESIDENT/TREASURER	MARK V. WEINER	2828 CROASDAILE DRIVE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	LOTTES, CHRISTOPHER T	2828 CROASDAILE DR	DURHAM NC 27705	<input type="checkbox"/>		ASSIST. VICE PRES.	TAMMY DAVIS	2828 CROASDAILE DRIVE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	PODOLSKY, SHERMAN M MD	2828 CROASDAILE DR	DURHAM NC 27705	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPAS	WATKIN, NANCY K	2828 CROASDAILE DR	DURHAM NC 27705	<input type="checkbox"/>					<input 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01
Date(919) 383-0355
Telephone #

CR2E034 (10/00)