



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90243 009 \*\*\*150.00

<b>DOCUMENT # K01255</b> 1. Entity Name BKRY EMERGENCY SERVICES OF HOLLYWOOD, INC.					
Principal Place of Business 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Mailing Address ATTENTION: TAX DEPARTMENT P.O. BOX 15309 DURHAM, NC 27704 US		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Navigant Consulting Two North Charles Street Suite 400 Baltimore, Maryland 21201		04292004    Chg-P    CR2E034 (10/03)	
City & State		4. FEI Number 58-1763547		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAMPBELL, DONNA 1600 S FEDERAL HWY STE 300 POMPAÑO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CROD Charles R. Goldstein Navigant Consulting Two North Charles Street -Suite 400 Baltimore, Maryland 21201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GUDINAS, PAT 1600 S FEDERAL HWY STE 300 POMPAÑO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAUCHERT, EUGENE F JR. 2828 CROASDAILE DR. DURHAM, NC 27705	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PODOLSKY, SHERMAN MD 2828 CROASDAILE DR. DURHAM, NC 27705	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEELE, DIANNE 2828 CROASDAILE DR. DURHAM, NC 27705	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DAVIS, TAMMY 2828 CROASDAILE DR. DURHAM, NC 27705	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 			Charles R. Goldstein, Chief Restructuring Officer, 4/30/04 410-454-6830		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		