2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K02349 May 18, 2000 8:00 am Secretary of State 1. Entity Name PHYAMERICA EMERGENCY SERVICES OF FT. LAUDERDALE. 05-18-2000 90355 022 ***150.00 Mailing Address Principal Place of Business ATTENTION: TAX DEPARTMENT 1600 S FEDERAL HWY P O BOX 15309 STE 300 POMPANO BEACH FL 33062 **DURHAM NC 27704-0309** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0014813 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. 看了这种原始 有多不足能 1 of I was the total of the 1 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DIRECTOR VICE PRESIDENT Change ▼ Addition Delete TITLE PODOLSKY, SHERMAN M MD NAME CAMPBELL, DONNA NAME 1600 S. FEDERAL HWY STE. 300 2828 CROASDILE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DURHAM NC 27705** CITY-ST-7IP POMPANO BEACH, FL 33062 VICE PRESIDENT **X** Addition Change Delete TITLE TITLE Dauchert, Eugene F Jr MCDUFFIE, EDITH M NAME NAME STREET ADDRESS 1828 CROASDAILE DRIVE STREET ADDRESS 2828 CROASDAILE DRIVE CITY-ST-ZIP CITY-ST-ZIP DURHAM, NC 27705 **DURHAM NC 27705** VICE PRESIDENT X Addition ☐ Change N Delete TITLE STEELE, DIANNE BREDESON, CHRISTOPHER NAME NAME STREET ADDRESS 2828 CROASDAILE DRIVE STREET ADDRESS 1600 S. FEDERAL HWY, STE 300 CITY-ST-ZIP CITY-ST-ZIP DURHAM . NC 27705 POMPANO BEACH FL 33062 Change ☐ Addition AS Delete TITLE TITLE NAME PETREA, JOAN R NAME STREET ADDRESS STREET ADDRESS 2828 COOASDAILE DRIVE CITY-ST-ZIP CITY-ST-ZIP **DURHAM NC 27705** AS TITLE Change Addition TITLE Delete NAME DAVIS, TAMMY NAME STREET ADDRESS STREET ADDRESS 2828 CROASDAILE DR CITY-ST-ZIP CITY-ST-ZIP **DURHAM NC 27705** ☐ Addition **D1**S SPELLING | NAME X Change TITLE DTS ☐ Delete TITLE **GUDIRAS, PAT** NAME GUDINAS, PAT NAME STREET ADDRESS STREET ADDRESS 1600 S. FEDERAL HWY, STE 300 CITY-ST-7IP CITY-ST-ZIP POMPANO BEACH FL 33062

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

4/19/00

(919)383-0355

Daytime Ph

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