

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K03603

1. Entity Name

PHYAMERICA PHYSICIAN SERVICES OF SOUTH FLORIDA,

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90136 044 ***150.00

Principal Place of Business

Mailing Address

1600 S FEDERAL HWY
STE 300
POMPANO BEACH FL 33062
US

ATTN: TAX DEPT
P O BOX 15309
DURHAM NC 27704-0309
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

58-1763813

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

CT CORPORATION SYSTEM
1200 S. 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
NAME PODOLSKY, M. D. S
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM NC 27705



TITLE VPD
NAME BREDESON, CHRISTOPHER
STREET ADDRESS 1600 FEDERAL HWY STE 300
CITY-ST-ZIP POMPANO BEACH FL 33062



TITLE DST
NAME GUDINAS, PAT
STREET ADDRESS 1600 S FEDERAL HWY STE 300
CITY-ST-ZIP POMPANO BEACH FL 33062



TITLE AS
NAME PETREA, JOAN R.
STREET ADDRESS 2828 CROASDAILE DR.
CITY-ST-ZIP DURHAM NC 27705



TITLE AS
NAME DAVIS, TAMMY
STREET ADDRESS 2828 CROWDAILE DR
CITY-ST-ZIP DURHAM NC 27705



TITLE VP
NAME MCDUFFIE, EDITH H.
STREET ADDRESS 2828 CROASDAILE DR.
CITY-ST-ZIP DURHAM NC 27705



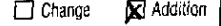
TITLE DIRECTOR/VICE PRESIDENT
NAME CAMPBELL, DONNA
STREET ADDRESS 1600 S FEDERAL HWY STE 300
CITY-ST-ZIP POMPANO BEACH FL 33062



TITLE VICE PRESIDENT
NAME DAUCHERT, EUGENE F. JR
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM NC 27705



TITLE VICE PRESIDENT
NAME STEELE, DIANNE
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM NC 27705



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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: Tammy Davis TAMMY DAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
Date

(919)383-0355
Daytime Phone #