

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L33925**

1. Entity Name

PHYAMERICA PHYSICIAN SERVICES OF BROWARD COUNTY,**FILED****Apr 25, 2001 8:00 am**
Secretary of State

04-25-2001 90187 022 ***150.00

Principal Place of Business

**1600 S. FEDERAL HWY
SUITE 300
POMPANO BEACH FL 33602
US**

Mailing Address

**ATTN: TAX DEPARTMENT
P.O. BOX 15309
DURHAM NC 27704
US****00041179**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **56-1679170**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

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

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, 2001 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

TITLE	DVP	<input type="checkbox"/> Delete
NAME	CAMPBELL, DONNA	
STREET ADDRESS	1600 S FEDERAL HWY STE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PODOLSKY, SHERMAN M MD	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAUCHERT, EUGENE F JR	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GUDINAS, PAT	
STREET ADDRESS	1600 S FEDERAL HWY STE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCOTT, STEVEN M MD	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DAVIS, TAMMY	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC 27705	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)