

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90195 048 \*\*\*150.00

**DOCUMENT # L33925**

1. Entity Name

**PHYAMERICA PHYSICIAN SERVICES OF BROWARD COUNTY, INC.**

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**

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

**56-1679170**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DVP	CAMPBELL, DONNA	1600 S FEDERAL HWY STE 300	POMPANO BEACH FL 33062				
PD	PODOLSKY, SHERMAN M MD	2828 CROASDAILE DR	DURHAM NC 27705				
VP	DAUCHERT, EUGENE F JR	2828 CROASDAILE DRIVE	DURHAM NC 27705				
DST	GUDINAS, PAT	1600 S FEDERAL HWY STE 300	POMPANO BEACH FL 33062				
VP	SCOTT, STEVEN M MD	2828 CROASDAILE DR	DURHAM NC 27705				
AS	DAVIS, TAMMY	2828 CROASDAILE DR	DURHAM NC 27705				

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2002 919-383-0355  
 Date Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE