

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000000414

1. Entity Name  
STERLING GROUP PHYSICIAN SERVICES, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 30 AM 9:06

Principal Place of Business  
1000 PARK FORTY PLAZA  
SUITE 500  
DURHAM, NC 27713

Mailing Address  
1000 PARK FORTY PLAZA  
SUITE 500  
DURHAM, NC 27713

2. Principal Place of Business - No P.O. Box #  
6400 Atlantic Blvd

3. Mailing Address  
6400 Atlantic Blvd



04172008 Chg-LLC CR2E083 (12/06)

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

4. FEI Number  
20-0641704

Applied For  
Not Applicable

Zip  
32211

Country  
USA

Zip  
32211

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
STERLING GROUP HOLDINGS, LLC  
1000 PARK FORTY PLAZA SUITE 500  
DURHAM, NC 27713 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGMR  
Sterling Group Holdings, LLC  
6400 Atlantic Blvd  
Jacksonville, FL 32211 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000129458950  
05/14/08--01024--014 \*\*1560.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert J. Bunker, Manager 4/21/08 904-805-1300

Date

Daytime Phone #