

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90060 016 ****50.00

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01252005 Chg-LLC CR2E083 (10/03)

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|---|---|--|--|--|--|--|
| DOCUMENT # M99000000999 1. Entity Name NICEVILLE EMERGENCY SERVICES, LLC | | | | | | |
| Principal Place of Business 1000 PARK FORTY PLAZA DURHAM, NC 27713 | | | Mailing Address 1000 PARK FORTY PLAZA DURHAM, NC 27713 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | City & State | | | |
| Zip | | Country | | 4. FEI Number 56-2152013 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 6. Name and Address of Current Registered Agent CT 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM <input checked="" type="checkbox"/> Delete SHG/PHYAMERICA PHYSICIAN SERVICES, INC. 2828 CROASDALE DRIVE DURHAM, NC 27705 | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STERLING GROUP PHYSICIAN SERVICES LLC 1000 PARK FORTY PLAZA SUITE 500 DURHAM, NC 27713 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. 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 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: <u>Eugene Mauduit</u> <u>Eugene F. Daubert Jr.</u> | | | | Date <u>2/21/05</u> Daytime Phone # <u>919-383-0355</u> | | |