

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001003

1. Entity Name  
CRESTVIEW EMERGENCY SERVICES, LLC

Principal Place of Business  
2828 CROASDAILE DRIVE  
DURHAM NC 27705

Mailing Address  
2828 CROASDAILE DRIVE  
DURHAM NC 27705

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

56-2146476

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM SHG/PHYAMERICA PHYSICIAN SERVICES, INC. ☐ Delete  
STREET ADDRESS 2828 CROASDAILE DRIVE  
CITY-ST-ZIP DURHAM NC 27705

TITLE NAME 000004133644-00 ☐ Change ☐ Addition  
STREET ADDRESS -05/03/01--01058--008  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
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TITLE NAME ☐ Delete  
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CITY-ST-ZIP

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

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:

*James Davis*

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

4/17/01

Date

(919) 383-0355

Daytime Phone #

FILED  
01 APR 23 PM 5:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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