


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 15 PM 4:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M99000001006 1. Entity Name CORAL GABLES EMERGENCY SERVICES, LLC	
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Principal Place of Business 1000 PARK FORTY PLAZA DURHAM, NC 27713	Mailing Address 1000 PARK FORTY PLAZA DURHAM, NC 27713
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2. Principal Place of Business - No P.O. Box # AS ABOVE Suite, Apt. #, etc. SUITE 500 City & State	3. Mailing Address AS ABOVE Suite, Apt. #, etc. SUITE 500 City & State		
Zip	Country	Zip	Country



04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2146743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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
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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, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERLING GROUP PHYSICIAN SERVICES LLC	NAME	600104425436
STREET ADDRESS	1000 PARK FORTY PLAZA SUITE 500	STREET ADDRESS	06/15/07--01025--025 **2400.00
CITY-ST-ZIP	DURHAM, NC 27713	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Jan M. Dauter* 4-23-07 919-383-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #