2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001008

1. Entity Name

ORMOND BEACH EMERGENCY SERVICES, LLC

Principal Place of Business	Mailing Address
2828 CROASDAILE DRIVE DURHAM NC 27705	2828 CROASDAILE DRIVE DURHAM NC 27705

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE	
City & State	City & State	**4.** FEI Number 56-2146747	Applied For / Not Applicable
Zip / Country	Zip / Country	**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 **MGRM** NAME **SHG/PHYAMERICA PHYSICIAN SERVICES, INC.** STREET ADDRESS **2828 CROASDAILE DRIVE** CITY-ST-ZIP **DURHAM NC 27705**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004133804 ☐ Change ☐ Addition -05/03/01--01068--006 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/0/00)

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: _[signature] REQUIRED_   4/17/01   (919)383-0355

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