2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 31 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000086354

1. Entity Name
STERLING EMERGENCY PHYSICIANS OF PALMETTO, P.A.

Principal Place of Business	Mailing Address
1000 PARK FORTY PLAZA, STE 500 DURHAM, SC 27713	1000 PARK FORTY PLAZA - STE 500 DURHAM, NC 27713

07092008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6400 Atlantic Blvd	LEGAL DEPT. 6400 Atlantic Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip / Country	Zip / Country

4. FEI Number: 20-1196056 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM % C T 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLARK, ROLAND 1000 PARK FORTY PLAZA, STE 500 DURHAM, SC 27713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Treasurer Michael Pinell, MD 6400 Atlantic Blvd / Jacksonville FL 32211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCFO DDOTHITT, JAMES 1000 PARK FORTY PLAZA, STE 500 DURHAM, SC 27713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Joel P. McMains 6400 Atlantic Blvd / Jacksonville FL 32211	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900133965949 08/05/08--01005--001 **550.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joel P. McMains Joel P. McMains, Secretary 904-805-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #