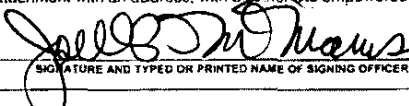


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 1000 PARK FORTY PLAZA, STE 500 DURHAM, SC 27713		Mailing Address 1000 PARK FORTY PLAZA - STE 500 DURHAM, NC 27713	
2. Principal Place of Business - No P.O. Box # 6400 Atlantic Blvd		3. Mailing Address 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 C T CORPORATION SYSTEM % C T 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)			
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 ☒ Delete 1000 PARK FORTY PLAZA, STE 500 DURHAM, SC 27713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer ☐ Change ☒ Addition Michael Pinell, MD 6400 Atlantic Blvd / Jacksonville FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO DDOTHITT, JAMES ☒ Delete 1000 PARK FORTY PLAZA, STE 500 DURHAM, SC 27713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ☐ Change ☒ Addition Joel P. McMains 6400 Atlantic Blvd / Jacksonville FL 32211
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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, Secretary		904-805-1300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	